Panorama Database Build Checklist – *Medi-Cal*

Pre-Flight Checklist

Notify Interested Parties

- If you share the build server with other people, make sure that they know of your plans. The earlier, the better. Notify all interested parties of your planned schedule.

Check NT Settings

- Open up the Control Panel
- Double click on System, click on the Performance tab, and make sure that "Application Performance Boost" is set to None. Click Ok
- Double click on Network, click on the Services tab, double click on Server, and make sure that the "Maximize Throughput for Network Applications" choice is selected. Click Ok twice.

Prevent Automatic Reboot

- Check that the server is not set up for an automatic reboot that might occur during your database build.
  - Open a DOS window
  - At the DOS prompt type: `@ <enter>`
  - This will provide a list of services/jobs that are scheduled for the server

Make Certain That No Other Programs Are Executing

- Specifically, no backups should be running.
- If you are not responsible for maintenance of the server, obtain notification from the person who maintains the server that he/she is not running any programs while you are building the database.
- Check that everything you modify during the update is backed up if it may be needed later on.
- If you are not certain what needs to be backed up, talk to someone who knows.

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Check Your Server Configuration Documentation

- If the documentation is not up-to-date, modify it so that it reflects all recent changes.

Check for the Existence of SyncSort

- Run Find File and search for `synsort.exe`; at least one copy must be on one of your server drives (there may be more than one).
- Make sure one of the SyncSort executables is in the path:
  - open the Control Panel, and double click on System, then click on the Environment tab
  - scroll down to the entry for Path, double click on the value, and scroll through the Value field at the bottom of the dialog box (right above the Set and Delete button): one of the entries should be a directory string that points to the SyncSort executable
  - if SyncSort is not in the path, edit the path accordingly

Determine the Version of DB2

- NOTE: you should be running the Workgroup edition of DB2.
- From the start menu, select run, and type `regedt32` (or `regedit`)
- Open the path `HKEY_LOCAL_MACHINE\SOFTWARE\IBM\DB2\DB2 Universal Database Workgroup Edition\CurrentVersion` by repeatedly double clicking on the + sign in front of the appropriate "subdirectory"
- Note the Install and Last Modified Dates, the Service Level, and the Version
- Important: Do not modify anything while you are in the registry editor

During Database Installation, Create the DB2 Database

Note: this step should only be executed when you install the database, never during a database update.

- Create script files, which are commonly stored in `E:\MEDSTAT\TBLESPAC` on the server:
  - Estimate space requirements by filling in the spreadsheet template for all table and index spaces.
  - Based on results, lay out the table spaces onto the available containers. You need to know the disk configuration of your server. Note that the Medi-Cal Pan1 server has special layout requirements (see the section entitled "Special Medi-Cal Requirements" in the Appendix).
  - Based on results of previous two steps, fill in the database creation script template. Please, do remember to update all comments in the script where necessary. If the comments contradict the script, future generations of Panorama database builders may get quite confused.
  - Fill out the database configuration script, and also the database manager configuration script. The first script defines specific parameter settings for your database, whereas the

second script sets parameters for DB2 in general. Note the interdependence of the `sortheap` and `sheapthres` parameters in the two files.

- Review all script files with at least one other knowledgeable person.
- Execute the script files (below, we assume that they are called `db_create.txt`, `db_config.txt`, and `dbman_config.txt`):
  - Open a DB2 command window and navigate to `E:\MEDSTAT\TBLESPAC`.
  - Type `db2 -f db_create.txt -tsv | more`
  - Hit the space bar repeatedly to advance through the command processor output. You should not see any error messages.
  - Type `db2 -f db_config.txt -tsv | more`
  - Hit the space bar repeatedly to advance through the command processor output. You should not see any error messages.
  - Type `db2 -f dbman_config.txt -tsv | more`
  - Hit the space bar repeatedly to advance through the command processor output. You should not see any error messages.
  - Type `db2stop`
  - Type `db2start`
- On the server, create an ODBC driver for the freshly minted DB2 database. Open the Control Panel, double click ODBC, click on the System DSN tab, then on the Add… button. Select IBM DB2 ODBC driver, then click the Finish button, and fill in the name of the DB2 database.

If Necessary, Set the Database Manager and Database Configuration Parameters

Note: **this step need only be executed after you had to restore the DB2 database. The script files are in `E:\MEDSTAT\TBLESPAC`**

- Open a DB2 command window and navigate to `E:\MEDSTAT\TBLESPAC`.
- Type `db2 -f db_config.txt -tsv | more`
- Hit the space bar repeatedly to advance through the command processor output. You should not see any error messages.
- Type `db2 -f dbman_config.txt -tsv | more`
- Hit the space bar repeatedly to advance through the command processor output. You should not see any error messages.
- Type `db2stop`
- Type `db2start`

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Make an Inventory of Pertinent Information for Install/Update

(U) Location of DB2 database backup - _____

(U) Location of DB2 export files - _____

(U) Location of Unloaded MDDB (via Pilot) (Name/Location _____)
(**PAID DATE VERSION ONLY)**

(I/U) Add "new" MDDB information to C:\Winnt\lssserver.ini (Name of "new" MDDB _____)

(I/U) Add "new" MDDB (production) directory structure (`e:\medstat\panorama\`*`"new" mddb name;`* `e:\medstat\panorama\`*`"new" mddb name`*`\update`; `e:\medstat\panorama\`*`"new" mddb name`*`\snapshot`

(U) Copy from "old" MDDB the panorama.sec (Panorama's user security file) to `e:\medstat\panorama\`*`"new" mddb`* `path name`

(U) Load "new" MDDB (via Pilot) (**PAID DATE VERSION ONLY)**

(I/U) Current MDDB dates (**PAID DATE VERSION ONLY**): TO_____ FROM_____

(U) Dates being added to MDDB **(PAID DATE VERSION ONLY)**: TO_____ FROM_____

Compute Roll off, Delete Retroactive Eligibility and Control Totals

- (U) Run `select count(*)` queries against every table, and check that the row counts match the expected row counts.
  - Use `n:\stgovt\pan_docs\updates\db2chk.txt`, be sure to change the *database name.*
  - Send the results of this query to a file
  - Import the file to an Excel spreadsheet (see `n:\stgovt\pan_docs\updates\update.xls` [Client – Roll Off]for example)
  - `n:\stgovt\pan_docs\updates\update.xls`[Client – Update] will provide you with Control totals for the new data

Check Out Client's Catalogs

- Using Source Integrity, check out the client's catalogs. Use the label that indicates the update name (format: PV_update_*MMYY)*

Set Up Your Catalogs

- Fill in the following expected dates; these will be used later to compare against the reported dates in the bldother.log and bldqlty.log files:

Cube Time Frame	From	To
Monthly		
Yearly		
YTD		
Rolling		

- (U) Fill in the values for the following dates for EligUpdateBegin. (This is the date that Delete Retroactive Eligibility Data (check) step will use. It equals the begin date of the eligibility being replaced.)
  What are the start and end dates of the time window covering eligibility data that will be replaced: _____ and _____
- (U) Set the values for Enddate and CompleteYearsofData in the INIOverrides table in *states*.mdb (`panbuild.ini`, [Dates]); more detail via screen snapshot
- (U) Determine paidAggBegin and incurredAggBegin dates. (This equals the begin date of the eligibility being replaced.)
- (U) Change the Textoveride catalog in <db>rename.mdb to include the new MDDB name.
- (U) Add new Dimension values via CatalogueSelection
- (U) Add new Dimension values via Pilot

- Control Totals

	Current DB2 tables	After DB2 Roll-off (Data being kept)	New DB2 tables (after roll-off and delete eligibility + new data)
Eligibility count			
Skinny count			
Skinny NetPay			
Quality Pt Mon count			
Provider count (if a complete replace)			

Delete Retro	Eligibility being kept	Eligibility being replaced
Eligibility count		
Eligibility min date		
Eligibility max date		

- Does ***the update*** include a new Census file? ____ Yes ____ No
  If yes, move the new census raw data to appropriate directory. Census Convert/Create/Load/Index steps need to be added to the panbuildsteps. (see document `n:\stgovt\pan_docs\updates\censusup.doc`)

Run over the cat!

- The `catover.exe` utility applies the client specific overrides to the Panorama master catalogs. Order of override catalogs is critical.
  - If applicable, apply the `IBNROVER.MDB`
    - This override catalog makes the necessary changes to the Master Paid date version catalogs to be based on an incurred date of service.
  - Apply the "standard" override, which is either `DATASCAN.MDB` or `IBNRDATASCAN.MDB`
    - Apply one or the other. These overrides make the "MEDSTAT" standard changes to Panorama View master files (e.g., ORIG_RECIP_ID is changed to EMP_ID)
  - Apply all client specific overrides
    - *<STATENAME>.MDB* client specific changes the master catalogs from the Implementation Guide Part I and the Panorama Extract Specifications (Implementation Guide Part II)
    - *<POSTALCODE>RENAME.MDB*

- changes the standard DB2 database name, `PANORAMA`, to the state specific name, `DB<POSTALCODE>`
- changes the standard MDDB name, `MDDB`, to the update specific MDDB name, `<POSTALCODE>mmyy` (e.g., GA0699 – Georgia updated through June 1999)

- Apply the NT build server creator override (e.g., panadmin.mdb, padreadm.mdb)

Run Validator.exe

- Open the Validator Icon on the NT Server Descktop – Enter the DB2 database name and select EXECUTE. Once the scroll bar is 100% complete, select exit.
- Review Validator's log under (`e\medstat\panorama\build\<db2 database name>\reports\validator.log`), solve or explain errors and then print a copy to keep in the Client update binder.

Check Available Disk Space

- For a PAID ONLY update, remove the old MDDB first.
- Determine the space required for your raw data (`n:\stgovt\pan_docs\updates\update.xls` [Client – Update])
- You need at least twice (up to three times) that space for sorting via SyncSort (SyncSort uses the Panorama volume), temporary DB2 space (for export and load), and for the new MDDB (Panorama volume).
  - add more detail
  - you need to create the `temp\t1` ... `temp\t14` subdirectories (DB2 temp files can be at most 2 GB, one per subdirectory); these are needed for the DB2 indexing steps; also, the directories should be distributed over separate physical disks to maximize parallelism (these entries affect the TempDir value in the `panbuild.ini` Expt and Gen steps)

Reboot the Server

Check NT Services

- Make sure that the following services have the given characteristics:
  - DB2-DB2 status should be "Started"
  - DB2-DB2DAS00: Startup should be "Automatic"
  - LSSAGENT: Status should be "Started"
  - SyncSort Executive: Status "Started"

Notify Interested Parties Again

- Announce to them that you are exclusively using the server for updating a Panorama database backup, and state your estimated time of arrival.

Start the Database Build

- End the databridge
- Close the Socket server
- Create PanCat ODBC driver for the new MDDB
- Open the Socket server, lock the new MDDB, close the socket server

Rename Build Logs

- The relevant build logs are as follows:
  - `E:\medstat\panorama\build\reports\db`*`state`*`\bldother.txt`: this is the log of the "other" part of the build, and probably the most important log file.
  - `E:\medstat\panorama\build\reports\db`*`state`*`\bldqlty.txt`: this is the log of the "quality" part of the build.
  - `E:\medstat\panorama\build\reports\db`*`state`*`\agg2.log.txt`: this is the log of activities written by the MDDB aggregator.
  - `D:\sqllib\db2\db2diag.log`: this is the log file that DB2 writes during its execution.
- Rename each file by prefixing its name with the numeric date of the previous build. The date should be of the format *yyyymmdd*, so that the files sort properly.

In-Flight Checklist

Install/Update: Schedule Date Report

- Schedule the review of the date report properly; predict when the system will get to that point, and review the date report promptly; fill out expected values beforehand.

Install: Check Dates of Date Report

- Compare the dates in the report (`bldother.log`, and `bldqlty.log`) with those you figured out in the **Set up Your Catalogs** section. If the dates do not match, redo your analysis, change entries in the `panbuild.ini` [Dates] section, and restart the build at the "Update Dates" step.

Update: Roll Off Data Checks

- See date check above
- After "Roll Off Old Eligibility/Export", check number of exported records against the control totals table (column "After DB2 roll-off") [mismatch means that the PaidAggBegin date or the IncurredAggBegin date are incorrect; redo your date analysis, change the `panbuild.ini` [Dates] section, and restart the build at the "Update Dates" step
- After "Roll Off Old Monthly Quality Indicators/Export", do similar check, using IncurredAggBegin date only
- After "Roll Off Skinny/Export", do similar check using PaidAggBegin date

Periodically Check Build Logs for Errors

Install/Update: Check Performance of Aggregation Step

- During the aggregation step of "Build Other", check that the actual elapsed times match expected times.
  - If the queries run much faster than expected, your tables may not contain all the required data.
  - If the queries run more than 20% slower than expected, you may have a DB2 setup problem, and need to investigate further. DBA help may be required.

After "Query Other Tables"

- Compare results of query against your expected control totals:
  - a mismatch indicates a problem with the input files: input file was not used as part of DB2 load, or loaded twice/thrice, incomplete transfer of data from the extract platform to the PV build server, wrong file, etc.
  - recovery: restore backup of DB2 database and start update over.

Quality Build

- after the "Patient Sort" steps, check the following in the `bldqlty.log`: records in, records out; compare with control totals computed for the quality input tables [mismatch indicates problems as above]

Post-Flight Checklist

Check All Build Logs for Errors

- Some errors do not terminate the build process; may need to rerun certain steps if errors are detected
- Check the results of the appropriate `select count(*)` queries against your control totals

Perform MDDB Functionality Test

- Run ATF script, or click on every Panorama question in every folder and check that numbers appear, and no question generates an error
- Print question #1 and the last question in each folder to be used as a test. Compare the results to the client database, after it has been delivered to the client's server.
- Check expenditures folder, question "What is the trend in expenditures?" (by month), go to table view, and copy/paste the entire table into an Excel spreadsheet
  - sum number of eligibles and total payments; compare to control totals; they should match to the penny
- Check provider expenditure folder, question "What is the trend in provider expenditures?" (by month), go to table view, and copy/paste the entire table into an Excel spreadsheet
  - sum total payments; compare to control total; they should match to the penny

Notify Account Team of Successful Build

- Sign on to Pilot, and check the user admin settings (SHOW USER ADMIN). The following parameters must be set to there maximum level, MAX = 15, BLOCKS = 30000 and BUFFERS = 6000. If the parameters are not set correctly, then at the Pilot command prompt type:
  - SUP
  - CHANGE USER ADMIN MAX 15 BLOCKS 30000 BUFFERS 6000 USAGE READ.
- Give them the new MDDB name, and the IP address of build server

Track Build Times

- Create build time log using the `buildtime.csv` file (`e:\medstat\panorama\build\reports\DB<postalcode>`) or using the `parselog.xls` macro found in `o:\public\kjw2000\tools`. If using the macro, be sure to specific the template to use (`ibnrtmpl.xls` for IBNR installations/updates or `template.xls` for paid installations/updates)

Panorama Database Build Checklist – <*Clientname*>

Request a Complete Backup of the E:\ partition from the Build Server

Wait for Account Team Approval

Dump MDDB for Shipping to Client

- Instructions for dumping from PILOT can be found in `n:\stgovt\pan_docs\pilot\plotunld2.doc`
- Do not start any other programs on server
- Close socket server so that nobody can access the MDDB during dumping

Request DLT Tape for Client

- E-mail to C.Ops with location of files; use NT backup utility, use DLT III format; call back when done to pick up tape
- Additional tagging information in e-mail: client, time period of install/update
- The e-mail to C. Ops should contain the following:
  - Creation of a DLT III tape using the NT backup utility
  - What server, path and filenames to be included on the backup
  - Whether or not you want the tape placed in interoffice mail or you will pick it up when it is complete
  - Client name, MDDB name, project and task number

Burn CD

- Include all files used for the build process (`panorama.mdb`, `topics.mdb`, `filelist.txt`, `whatsnew.txt` and `pansetup.ini`).
- Change the name of the MEDSTAT MDDB from the "build name" to `MDDB` (literally) in `filelist.txt` and `pansetup.ini`.
- You may need to include on the client's CD the new and improved implementation guide; check with the account team.

Send Information to Client

- Obtain the client's address from the account team or the project manager
- See client update letter for more details (`n:\stgovt\pan_docs\update\updtape.doc`).
- Include DLT tape, CD, and letter.
- Use FedEx 2nd day air (or priority mail)

- Inform the client of the expected delivery date: _____

Client Delivery

- Have the client (state) restore the data from the DLT tape and CD as prescribed by the update letter
- Upgrade Panorama View if necessary, be sure to copy the client's security file first (`panorama.sec`)
- Sign on to PILOT and reload the MDDB (`n:\stgovt\pan_dos\pilot\plotreld.doc`)
- Remove the "read-only" properties from `PANORAMA.MDB`, `FILELIST.TXT`, `TOPICS.MDB`, `WHATSNEW.TXT` and `PANSETUP.INI` found in the "staging area" (see update letter for specific location).
- Verify, and change if necessary, the Medstat MDDB name has been changed to **`MDDB`** in the `pansetup.ini` and `filelist.txt` files
- Copy `PANORAMA.MDB` and `PANSETUP.INI` to **`\medstata\panorama\mddb\`** from the staging area
- Copy `FILELIST.TXT`, `TOPICS.MDB` and `WHATSNEW.TXT` to **`\medstata\panorama\mddb\update`** from the staging area
- Delete all files located in the **`\medstata\panorama\mddb\snapshot`** subdirectory
- Start the DataBridge by double clicking on `\medstat\panorama\LaunchDataBridge.exe`.
  - A message box proclaiming that DataBridge was launched successfully is a good thing
  - If DataBridge does not launch successfully, investigate; sometimes, DataBridge just emits a spurious error message, but starts up fine.
- Start Panorama View Socket Server
- If the "client" version of Panorama has been installed on the c:\ partition (Panorama View icon on desktop is a good sign), start it up.
  - Sign on to Panorama and test a variety of questions, graphs and tables, to make sure that the software is functioning proper
- Clean up the server, delete the Pilot dump files and the "staging" area
- If all tests go well, contact the state's server staff that the update is complete and the modem can be disconnected.
- Notify The MEDSTAT Group's account team of the successful delivery
- Remove the previous MDDB files from **NINO** E:\Medstat\Panorama\<db name>\<MDDB Name> via Pilot . **Type: Sup Type: remove dat <mddb name> Type: exit clear (twice)**

Back Up the DB2 Aggregation Database and Export DB2 Tables

- Remove any existing backup from disk
- Use the following DB2 command at the DB2 command prompt:
  - `backup database <dbname> to e:\db2back`
- When the backup is complete, DB2 will supply a timestamp
  - Timestamp _____
- Create DB2 exported data using n:\stgovt\pan_docs\db2\export_data.txt or another script that will export the 6 core tables of the DB2 database.

Request In-House Server Backup from C.Ops

- Request from C. Ops an "in-house" backup
  - Rawdata – tape #_____
  - MDDB Dump files – tape #_____
  - DB2 backup file – tape #_____
  - Export files – tape #_____

Check in Client's Catalogs

- Using Source Integrity, check in the client's catalogs. Use a label that will indicate the update name (format: PV_update_*MMYY)*

Clean Up the Build Server

- Delete all raw data files, and the contents of the `Working` subdirectory
- Get the DB2 manager and database manager configurations
  - Create a script, using n:\stgovt\pan_docs\DB2\cfgscript.txt as the shell, to obtain the database configuration used during the build
    - After customizing the script for each client, save your results to the \medstat\tblespac\<*clientname*>_cfgscript.txt, for future use
  - Send the output of this script to \build\reports\<*dbname*>\<*dbname_dbupdate*>.rpt (for example the output for the Nebraska June 2000 update would be dbne_ne0600.rpt)
- Save the build LOGS and the configuration script output for each update to a subdirectory (\build\reports\<*dbname*>\<*dbupdate*>) for future use

Move the database to the Production server (Ann Arbor – NINO; Medi-Cal – PAN2)

- Copy the DMP files to the e:\temp path on the production server
- Create new *MDDB* path under e:\medstat\panorama
- Make the necessary changes to the lsserver.ini
- Create a PanCat_*MDDB* ODBC driver
- Sign on to Pilot
  - Create new Pilot database
  - Change the Admin user settings **Type: change user admin blocks 3000000 buffers 6000 max 15**
  - Load the DMP files into the newly created database
- Copy production catalogs from the build server
- Notify account team that database is available on the production server

Trouble Shooting

Restart Aggregation Step

The following steps allow you to optimally restart the aggregation step should the Pan1 server collapse during aggregation. All directories refer to drives on the Pan1 server:

- Load the `E:\medstat\panorama\build\reports\db`*`state`*`\bldother.log` file into an editor and search for

  `"Processing: Aggregate MDDB Measures-Other (aggregateOther)"`

- Following that point in the log file, look for all messages of the form

  `"Processing completed for file: `*`filename`*`"`

  and remember all file names mentioned.

- Make a backup copy of the following file on the build server:

  `E:\medstat\panorama\build\catalogs\db`*`state`*`\panorama.mdb`

- Download that file (an Access database) to your local workstation, unless you have MS Access on the build server:
- Open the file (via MS Access)
- Open the table `CatalogueUpdate`. The columns of interest are `FileName` and `ToUpdateFile`.
- Scan the `FileName` column in the `CatalogueUpdate` table, find the name of every file for which processing was completed, and change the value `2` in the `ToUpdateFile` column to `0`. That tells the database build software that the contents of the file need not be computed.
- Close the Access database.
- If you transferred the Access database to your local machine, upload the new copy to the build server.
- Restart the step in the GUI.
- After the database build has completed correctly, overwrite the changed Access database with the original copy, in order to be properly prepared for the next build.

Re-Building Quality Cube (RecipientRolling)

If the Quality needs to be re-aggregated and re-installed into an existing MDDB and the Build process is an “INSTALL” or the database is based on the incurred date”, then the RecipientRolling cube needs to be manual removed from the existing MDDB. Refer to:
\\AA_FS1\MEDSTATN\Stgovt\pan_docs\updates\Quality Reinstall.doc

Interpreting DB2 Diagnostics

Recall that `D:\sqllib\db2\db2diag.log` is the log file that DB2 writes during its execution. If you suspect that something went awry during DB2 execution, inspect this log file. Most messages are quite harmless. For example, the following are just informative messages:

```
2000-03-14-08.47.37.593000   Instance:DB2   Node:000
PID:314(db2syscs.exe)   TID:291   Appid:none
database_utilities    DIAG_NOTE   Probe:0

Load CPU parallelism is: 4, 0


2000-03-14-08.47.37.625000   Instance:DB2   Node:000
PID:314(db2syscs.exe)   TID:118   Appid:none
database_utilities    sqlulPrintPhaseMsg   Probe:0
Starting LOAD phase at 03-14-2000 08:47:36.556992. Table
PANORAMA.ELIGDENT4WAYTABLE


2000-03-14-08.47.38.015000   Instance:DB2   Node:000
PID:314(db2syscs.exe)   TID:291   Appid:none
database_utilities    sqlulPrintPhaseMsg   Probe:0


Completed LOAD phase at 03-14-2000 08:47:36.949587.
```

Even this message is relatively harmless (although you may want to adjust the sheapthres and sortheap parameters):

```
2000-03-14-18.20.43.015000   Instance:DB2   Node:000
PID:314(db2syscs.exe)   TID:127   Appid:*LOCAL.DB2.000314172626
sort/list_services    sqlsAllocateSortMemory   Probe:35   Database:DBCA

Sortheap too large, trying smaller size.3175 0000               1u..
```

However, if you see the following, please consult with a DB2 DBA:

```
2000-03-16-05.07.54.828000   Instance:DB2   Node:000
PID:314(db2syscs.exe)   TID:117   Appid:*LOCAL.DB2.000314172626
buffer_pool_services  sqlbWritePageToContainer   Probe:99   Database:DBCA

SMS Tablespace 1(TEMPSPACE1) is full.  Detected on Container 1.

2000-03-16-05.07.55.781000   Instance:DB2   Node:000
PID:314(db2syscs.exe)   TID:117   Appid:*LOCAL.DB2.000314172626
buffer_pool_services  sqlbWritePageToContainer   Probe:0   Database:DBCA
```

```
DIA3612C Disk was full.

ZRC=FFFFD60C

2000-03-16-05.07.56.000000   Instance:DB2   Node:000
PID:314(db2syscs.exe)   TID:117   Appid:*LOCAL.DB2.000314172626
buffer_pool_services  sqlbWritePageToContainer   Probe:0   Database:DBCA
```

Check the Existing DB2 Database for Integrity and Correctness

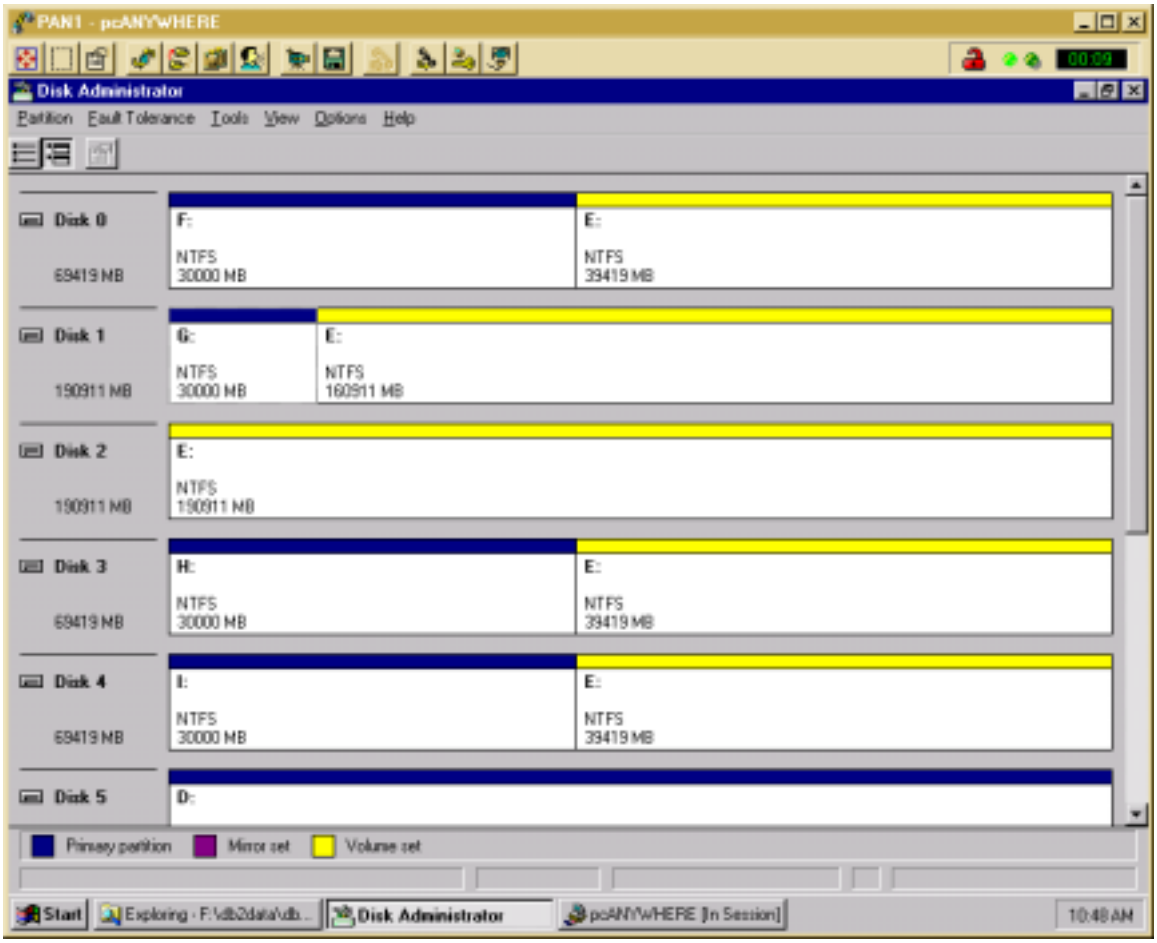
If you suspect that the DB2 database is corrupted, you should check its integrity via the db2dart utility:

- Run db2dart on your database (this may take several hours, depending on the size of your database):
  `db2dart` *`database_alias`* `/db /v y /rpt` *`directory`*
- If db2dart announces errors, run it again. If it balks a second time, you need to restore your database from the appropriate backup.
  - After restoring, run db2dart against the newly restored database.
  - If it still complains, your backup is bad as well.
    - Try a backup from tape.
    - If that does not exist, or db2dart still complains, you need to rebuild the database from the raw data. You do have a backup of the raw data, nicht wahr?

Special Medi-Cal Requirements

Table Space Layout

The following graphic describes the mapping of volumes `D` through `I` on Medi-Cal's Pan1 server:



Note that logical volume `E` stretches across disks 0, 1, 2, 3, and 4. Therefore, the table spaces for the large tables should only be placed on volumes `F` through `I`, and never on `E`, in order to enable maximum i/o parallelism. In the current design, all index spaces are allocated on `D`, and the small tables reside on `E`. Since `E` is a very large volume, it is also used for DB2 temporary space.

Log File Space

Indexing the Skinny table requires a large number of secondary log files. The current setting of the `logsecond` parameter for Medi-Cal is 90. If needed, it can be bumped up to 125, since `logprimary` is set to 3, and `logprimary` + `logsecond` ≤ 128 must always hold true.

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.010 **Priority:** High **PC Field Name:** Utilization/1 **Status:** Pass **IR#:** **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** BKM

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Validation - Long Term Care allow for an average of up to 31 Days	Because Long Term Care Facility patients, by definition, need extended care, days per expect the Days / Recipient to be 25-31 days per month.	Analyze the Long Term Care Days for all Model Type=FFS, select 'What is the trend in Utilization' in the Beneficiary Utilization Folder, and change the measure to Category of Service = Nursing Facilities R&B. Also, per IR #1117 - verify that the title states Days, not Services.	The Days / Recipient ranged from 26.22 months in Panorama View. Subset Plan Also, as expected, the title states Days, not Services.	Folder VIEW.7.010	3/4/99: CS - updated expected results to in February 1998 to 30.71 in March 1999. recipient. 12/10/98: IR #1117 - J. Dittman - added documentation to the test set-up to verify that the label has been changed to DAYS, not SERVICES. 9/17/98 - J. Dittman - Why are there days/recipient > 31? This is an outstanding issue from Phase 2. Frank suggested they may be due to bed holds, but we may want to investigate the data source also. The cause of this was found to be LTC facilities billing in the same paid month for different service months. When v2.0 is implemented in Phase 4, the Date of Service view will allow for a more accurate measure. Formerly Test Case 5.2.02

VIEW.7.015 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** BKM, CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Validation - Monthly Trend in Expenditures	Medicaid PMPM for Fiscal Year 1998 will be approximately $114, the average of calendar year 1997 and 1998 (+/- 10%) for Public Assistance Families, according to the California Medical Assistance Program's 1998 Annual Statistics Report. In addition, there should be no unexplainable spikes in the monthly PMPM amounts. the expected results from $87 to $192 to	In the Beneficiary Expenditures Folder, subset on Plan Model Type = Fee-for-Service and Aid Category = Public Assistance Families, select the question 'What is the trend in expenditures?', and look at the monthly trend in payments. Are there any unexplainable spikes? Select the table view and compare Payments Per Member Per Month (PMPM) with the corresponding Annual Statistics Report for Public Assistance Families. Change the time period to yearly and verify that the PMPM approximate the (payments / eligible / 12).	As expected. The payments PMPM for FFS Public Assistance Family Eligibles ranged from $100 - $145 for the 27 months displayed in Panorama View. Payments PMPM for this Aid Category for Fiscal Year 1998 was $108 which was 5% lower than the expected $114. The Payments PMPM were approximately the 12 = $126.75). The trend in eligibles ranged consistently decreased from 1,273,430 in June 1997 to 546,203 in	Folder VIEW.7.015 and the Annual Statistics Report	4/28/00 CS - updated the expected from $192 to $114 (the average of calendar year 1997 and 1998). The previous update of $192 was taken from a report of Payments per User instead of Payments per Eligible. 11/3/99: J. Dittman - IR #1195 - Update Payments / Eligible divided by 12 (1521 / reflect the 1998 Annual Statistics Report data. August 1999. 12/17/98: J. Dittman - updated the Test Set-Up to subset on Public Assistance Families as the expected results contain this information. 8/10/98: J. Dittman - updated the Supporting Documentation to include the Annual Statistics Report. Formerly Test Case 5.2.07

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.016 **Priority:** High **PC Field Name:** Expenditures/5 **Status:** Pass **IR#:** **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** BKM

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Validation - Variance in Expenditures By Category (rank by category)	Expect Categories of Service for Room & Boards and Long Term Care to have the highest Payments / Recipient.	select the question, 'How do expenditures vary by category?' and subset on Plan Model Type = Fee-For-Service. Change the time period to the prior Fiscal Year, select the table view, and sort in descending order by Payments / Recipient. Analyze the rank for reasonability (facility costs should be the highest).	In the Beneficiary Expenditures Folder, As expected, the highest Payments / Recipient were for Room & Board and Long Term Care providers: ICF Services for the Mentally Retarded = $56,480, Hosp IP Psych R&B Age < 22 = $24,721, and Nursing Facilities R&B = $24,570.	Folder VIEW.7.016	8/10/98: J. Dittman - updated the Supporting Documentation to include the Annual Statistics Report. Formerly Test Case 5.2.08.1

VIEW.7.017 **Priority:** High **PC Field Name:** Expenditures/5 **Status:** Pass **IR#:** **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** BKM

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Validation - Variance in expected results with the 1997 HCFA Expenditures By Category (ICF Developmentally Disabled)	According to the 1997 HCFA 2082 report, the Payments / Recipient for ICF-DD in California will be about $56,227. Expect Panorama View to be within 10% of this amount.	In the Beneficiary Expenditures Folder, select the question, 'How do expenditures vary by category?' and subset on Plan Model Type = Fee-For-Service. Change the time period to the prior Fiscal Year, select the table view, and analyze the ICF Developmentally Disabled Category of Service for reasonability.	As expected, the Payments / Recipient for Services for the Mentally Retarded was $56,480.		Folder VIEW.7.017 12/17/98: J. Dittman - Updated the FFS eligibles in Fiscal Year 1998 for ICF 2082 information and changed the reasonability threshold back to 10%. 11/23/98: J. Dittman. Updated the expected results to a reasonability threshold of 15% (from 10%) per Ted because there is two years difference between the HCFA 2082 report and the data. Formerly Test Case 5.2.08.2

VIEW.7.018 **Priority:** High **PC Field Name:** Expenditures/5 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** BKM, CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Validation - Variance in set-up to include only the Nursing Expenditures By Category (Nursing Facilities) updated the expected result with the 1998	According to the 1998 HCFA 2082 report, the Payments / Recipient for Nursing Facilities in California will be approximately $17,507. Expect Panorama View to be within 10% of this amount.	In the Beneficiary Expenditures Folder, select the question, 'How do expenditures vary by category?', subset on Plan Model Type = FFS, and change the time period to the prior Fiscal Year. Select the table view and compare the Nursing Facility Categories of Service (both Other and R&B) to the corresponding HCFA 2082 report.	As expected. For Fiscal Year 1998, the Facilities R&B category of service. Also report.	Folder VIEW.7.018	04/26/00: T. Calvert - updated the test Payments / Recipient for Nursing Facilities for FFS eligibles was $18,659, a 7% variance from the HCFA 2082 HCFA 2082 report information. 12/10/98: J. Dittman - updated the expected results with the 1997 HCFA 2082 information. 8/10/98: J. Dittman - updated the Test Setup to state 'change the time period to the prior Fiscal Year' instead of just 'a Fiscal Year'. Formerly Test Case 5.2.08.3

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.019 **Priority:** High **PC Field Name:** Expenditures/5 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** BKM, CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Variance in Expenditures By Category (Inpatient Hospital)	According to the 1998 HCFA 2082 report, the Payments / Recipient for Home and Community Based Waivers in California will be approximately $13,147. Expect Panorama View to be within 10% of this amount.	In the Beneficiary Expenditures Folder, select the question, 'How do expenditures vary by category?' and subset on Plan Model Type = Fee-For-Service. Change the time period to Fiscal Year, select the table view, and compare the Home and Community Based Waivers Category of Service to the corresponding HCFA 2082 report.	For FFS eligibles in Fiscal Year 1998, Community Based Waivers was $13,612, a 3.5% difference from the HCFA 2082 Report.	Folder VIEW.7.019	4/27/00 CS - updated the Test Setup and the Payments / Recipient for Home and Community Based Waivers. 04/26/00-P5-J. Dittman: updated the expected results with the 1998 HCFA 2082 report information. 12/10/98 J. Dittman: updated the expected results with the 1997 HCFA 2082 Report information. Formerly Test Case 5.2.08.4

VIEW.7.020 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** N/A **IR#:** 1195 **Date Cmplt:** **DataScan Scripts:** **Tester:**

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Variance in Expenditures By Category (Dental)	According to the 1997 2082 report, the Payments / Recipient for Dental Services in California will be approximately $241. Expect Panorama View to be within 10% of this amount.	In the Beneficiary Expenditures Folder, Expenditures?' and subset on Plan Model Type = Fee-For-Service. Change the time period to Yearly, change the measure to Dental, select the table view, and compare the Dental Category of Service to the corresponding 2082 report.		Folder VIEW.7.020	4/27/00 CS - Changed status to N/A. The select the question, 'What is the Trend in Dental recipients for 1998. This indicates HCFA 2082 report displays only 174,000 that HCFA calculated Dental recipients differently than the MIS/DSS. 12/11/98: J. Dittman - updated the expected results with the 1997 HCFA 2082 information. 8/10/98: J. Dittman - updated the Supporting Documentation to include the 2082 Report. Formerly Test Case 5.2.08.5

VIEW.7.021 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** BKM

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Variance in Expenditures By Category (Prescription Drug) 1082 information.	According to the 1998 2082 report, the Payments / Recipient for Prescription Drugs in California will be approximately $587. Expect Panorama View to be within 10% of this amount.	In the Beneficiary Expenditures Folder, select the question, 'What is the Trend in Expenditures?' and subset on Plan Model Type = Fee-For-Service. Change the time period to Yearly, change the measure to Prescribed Drug, select the table view, and compare the Prescribed Drug Category of Service to the corresponding 2082 report.	As expected, for FFS eligibles, the Payments / Recipient for Prescription Drugs for Fiscal Year 1998 was $590, 2% higher than expected.	Folder VIEW.7.021	04/26/00-P5-J. Dittman: updated the expected results with the 1998 HCFA Formerly Test Case 5.2.08.6

DataScan Product Testing - Panorama View

VIEW.7.022 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** N/A **IR#:** 1195 **Date Cmplt:** **DataScan Scripts:** **Tester:**

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Variance in Expenditures By Category (Laboratory Services)	According to the 1997 2082 report, the Payments / Recipient for Lab Services in California will be approximately $143. Expect Panorama View to be within 10% of this amount.	In the Beneficiary Expenditures Folder, select the question, 'What is the Trend in Expenditures?' and subset on Plan Model time period to Yearly, change the measure to Lab & X-Ray, select the table view, and compare to the corresponding 2082 report.		Folder VIEW.7.022 and the 2082 Report.	4/27/00 CS - This test case is N/A for Phase 5 as lab data both payments and recipients is not available for the 1998 Type = Fee-For-Service. Change the 12/10/98: J. Dittman - updated the expected results with the 1997 HCFA 2082 Report information. 8/10/98: J. Dittman - updated the Supporting Documentation to include the 2082 Report. Formerly Test Case 5.2.08.7

VIEW.7.023 **Priority:** High **PC Field Name:** Expenditures/5 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 4/ 3/00 **DataScan Scripts:** **Tester:** BKM

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Validation - Yearly Expenditures By Category (Payments/Eligibles)	Based on the 1998 HCFA 2082 report, expect the Payment / Eligible rates for the aged to be at least 2 times higher than for children.	In the Beneficiary Expenditures Folder, select the question, 'How do expenditures vary by category?'. View the measure Payments / Eligible for the most recent fiscal year and subset on the Fee-For-Service Plan Model Type. Also, use subsetting to focus on the beneficiaries first with Age < 18 and then beneficiaries with Age > 64 for the Category of Service value = All. Analyze the change in service mix between young and old beneficiaries.	As expected, the FFS Payments / Eligible rate was 4 times higher for the aged ($5,922) than for children ($1,452) for the 1999 Fiscal Year.		Folder VIEW.7.023 04/26/00-P5-T. Calvert - changed the external benchmark to the 1998 HCFA 2082 report from National Medicaid Statistics. Formerly Test Case 5.2.09.1

VIEW.7.024 **Priority:** High **PC Field Name:** Expenditures/5 **Status:** Pass **IR#:** **Date Cmplt:** 4/ 3/00 **DataScan Scripts:** **Tester:** BKM

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Fiscal Year Expenditures By Category (Payments/Eligibles to clarify that both Nursing Facility Categories of Service should be used in age mix) the analysis.	Based on MEDSTAT normative data, the payment mix for the older population will reflect more Nursing Facility payments than the younger population.	In the Beneficiary Expenditures Folder, select the question, 'How do expenditures vary by category?'. Change the measure to Payments / Eligible for the most recent fiscal year and subset on the Fee-For-Service Plan Model Type. Next, use subsetting to focus on the beneficiaries first with Age < 18 and then beneficiaries with Age > 64 for the Nursing Facility Categories of Service (both R&B and Other). Analyze the change in service mix between young and	As expected, the Nursing Facilities Payments / Eligible was $2,853 for Age 65+ vs. $32 for Ages 0-17.	Folder VIEW.7.024	6/13/99-P4 - JMD: Updated Test Set-up payment mix for the older population was greater (89 times) than for the younger population in the FFS environment. The Formerly Test Case 5.2.09.2

old beneficiaries.

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.025 **Priority:** High **PC Field Name:** Expenditures/5 **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** **Tester:** BKM

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Fiscal Year Expenditures By Category (Payments/Eligibles SSI and non-SSI criteria. SSI and Non-SSI Home Health)	Based on MEDSTAT normative data, expect the payment mix for the SSI only. Update the desciption to reflect the population to reflect more Home Health payments than the Non-SSI population.	In the Beneficiary Expenditures Folder, select the question, 'How do expenditures vary by category?'. Change the measure to Payments / Eligible for the most recent fiscal year and subset on the Fee-For-Service Plan Model Type. Next, use subsetting to focus on the SSI Aid Code beneficiaries and then the Non-SSI Aid Code beneficiaries for the Home Health Category of Service. Analyze the change in service mix between SSI and Non-SSI beneficiaries.	As expected, the Home Health Payments / Eligible for the SSI population ($80) were greater than for the Non-SSI population ($10).		Folder VIEW.7.025 11/20/99-P5-JD-documentation change *** 11/24/98-P3-CS-changed 'older' and 'younger' to SSI and Non-SSI in the Expected results, changed subsetting criteria to SSI and Non-SSI Aid-categories in the Test Setup, and re-executed. Formerly Test Case 5.2.09.3

VIEW.7.026 **Priority:** High **PC Field Name:** Expenditures/5 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** **Tester:** BKM

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Fiscal Year Expenditures By Category (Payments/Eligibles < 18 years and > 64 Inpatient Hospital)	Based on MEDSTAT normative data, expect the payment mix for the older group in the test setup from 65+ to 55-64 population to reflect more (>25%) due to the fact that Medicare pays Inpatient Hospital payments than the younger population.	In the Beneficiary Expenditures Folder, select the question, 'How do expenditures vary by category?'. Change the measure to Payments / Eligible for the most recent fiscal year and subset on the Fee-For-Service Plan Model Type. Next, ***11/20/99-P5-JD-Removed the note in use subsetting to focus on the beneficiaries first with Age < 18 and then beneficiaries with Age 55-64 for the Inpatient Hospital Category of Service. Analyze the change in service mix between young and old beneficiaries.	The Inpatient Hospital payment mix for the 55-64 vs. $719 for Ages 0-17, when both Hospital Other Categories of Service payments were combined.		Folder VIEW.7.026 *** 4/26/00 CS - changed the older age Fiscal Year Expenditures By group in the test setup from 65+ to 55-64 Category (Payments/Eligibles < due to the fact that Medicare pays 18 years and > 64 Inpatient Hospital charges for ages > 65. older population was 181% greater than the younger population. The FFS Payments / Eligible was $2,023 for Ages the Inpatient Hospital R&B and Inpatient the desciption that stated Medicare payments were not included for Phase 4. Formerly Test Case 5.2.09.4

VIEW.7.027 **Priority:** High **PC Field Name:** Expenditures/5 **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** **Tester:** BKM

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Fiscal Year Expenditures By Category (Payments/Eligibles < 18 years and > 64 Prescribed Drug)	Based on MEDSTAT normative data, expect the payment mix for the older population to reflect more Prescription Drugs payments than the younger population.	In the Beneficiary Expenditures Folder, select the question, 'How do expenditures vary by category?'. Change the measure to Payments / Eligible for the most recent fiscal year and subset on the Fee-For-Service Plan Model Type. Next, use subsetting to focus on the beneficiaries first with Age < 18 and then beneficiaries with Age > 64 for the Prescription Drugs Category of Service. Analyze the change in service mix between young and old beneficiaries.	As expected, the Prescribed Drug payment mix for the older population was greater (almost 654%) than for the younger population in the FFS environment. The Payments / Eligible were $1124 for Ages 65+ vs. $149 for Ages 0-17.	Folder VIEW.7.027	Formerly Test Case 5.2.09.5

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.028 **Priority:** High **PC Field Name:** Expenditures/5 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** **Tester:** BKM, CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Fiscal Year Expenditures By group in the test setup from 65+ to 55-64 Category (Payments/Eligibles < 18 years and > 64 Outpatient Hospital charges for ages > 65. Hospital) Dittman - updated the	Based on MEDSTAT normative data, expect the payment mix for the under 18 population to reflect more Outpatient Hospital services.	In the Beneficiary Expenditures Folder, select the question, 'How do expenditures vary by category?' Change the measure to Payments / Eligible for the most recent fiscal year and subset on the Fee-For-Service Plan Model Type. Next, use subsetting to focus on the beneficiaries first with Age < 18 and then beneficiaries with Age 55-64 for the Outpatient Hospital Category of Service. Analyze the change in service mix between young and old beneficiaries.	As expected, the Outpatient Hospital 252% higher than for the younger Payments / Eligible were $243 for Ages	Folder VIEW.7.028	*** 4/26/00 CS - changed the older age payment mix for the older population was due to the fact that Medicare pays population in the FFS environment. The 55-64 vs. $69 for Ages 0-17. 8/10/98: J. Expected Result to state Outpatient Hospital services instead of primary care services in outpatient settings. Formerly Test Case 5.2.09.6

VIEW.7.031 **Priority:** High **PC Field Name:** Expenditures/5 **Status:** Pass **IR#:** **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Validation - Fiscal Year Expenditures for Managed Care Enrollees	Expect 70 - 80% of the payments to appear in the Medical and Dental Capitation categories for Managed Care enrollees, based on the mix of full and partial-scope benefits covered under the Medi-Cal capitated arrangement. Only payments for carve out costs for dental and mental health services. rate will appear in other categories.	select the question, 'How do expenditures vary by category?'. Create a subset of identified in the Panorama View Catalog select the Table View, and sort the % of Total descending. Analyze the payments by service category.	In the Beneficiary Expenditures Folder, service for Fiscal Year 1999. Medical enrollees in managed care programs, as Dental Capitation 0.82%.	As expected, 70% of the payments appeared in the capitation Im	Folder VIEW.7.031 and the 7/6/99: J. Dittman - updated the expected results from >75% to 70-80% based on Catalog Spotlight. The initial expected result of Panorama View categories of information published in the latest Analytic Capitation accounted for 69.37% and 75% did not take into account the larger Implementation Guide. Change the time period to the most recent fiscal year, 12/17/98: J. Dittman - updated the expected results - removed the TB 3.2 Note about the inclusion of all Cap Pmts, but only a stratified sample of eligibles, which would result in an overstatement of Cap pmts. Formerly Test Case 5.2.10

VIEW.7.032 **Priority:** High **PC Field Name:** Eligibility/1 **Status:** Pass **IR#:** **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Validation - Eligibility Trend	Based on the input data for Phase 3, the overall trend of Medi-Cal eligibles will not vary more than 10% month-to-month for the 27 months displayed of the 30-month database.	In the Beneficiary Eligibility Folder, select the question, 'What is the trend in eligibility?'. Are there any month-to-month increases or decreases exceeding 10% that are not otherwise explainable by regulatory changes in eligibility or data processing anomalies?	consistent across the 27-months, starting ending with 5,033,258 eligibles in August 1999. There were no unexplainable spikes over the 27-month period.	As expected, the trend in eligibles was	Folder VIEW.7.032 8/10/98: J. Dittman - updated the expected results for Phase 3 data. with 5,176,050 eligibles in June 1997 and Formerly Test Case 5.2.11

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.033 **Priority:** High **PC Field Name:** Eligibility/1 **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** **Tester:** BKM

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Folder VIEW.7.033 Eligibility Trend (most recent months)	Based on a typical distribution of Medicaid eligibility, expect at least 50% of the TANF or AFDC beneficiaries to be < 18. SSI beneficiaries will be distributed through the age groups and highest in the over 65 group.	Formerly Test Case 5.2.12 the question, 'What is the trend in eligibility?'. Drill down on the most recent month of eligibility experience. Produce a cross-tabular report of Aid Category Roll-Up by Age Group Roll-Up.	In the Beneficiary Eligibility Folder, select 3,010,179 TANF eligibles were in the Age 0-17 Group. Also, the 1,373,796 SSI eligibles were distributed throughout the Age Groups, with the largest number in the Age 65+ Group: 6.5% were in Ages 0-17, 9.7% in Ages 18-34, 10.9% in Ages 35-44, 12.1% in Ages 45-54, 13% in Ages 55-64, and 47.7% in Ages 65+.		As expected, over 65% (1,970,258) of the

VIEW.7.037 **Priority:** High **PC Field Name:** Provider Access/4 **Status:** Pass **IR#:** **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - ***11/20/99-P5-JD-Updated test set-up Provider Access (Acute Care Bed Counts Ranking)	Based on the 1997 AHA Guide, expect Los Angeles County to have the highest bed count.	question 'How does access to acute care vary geographically?'. Select the Table View. Sort Bed Count in descending order. Is the county with the highest bed count reasonable?	In the Provider Access Folder, select the highest bed count with 37,398 beds, accounting for 32% of all acute care beds in California. The other counties rounding out the top 5 were Orange (9,026), San Diego (7,539), San Francisco (6,680), and Santa Clara (5,635).	As expected, Los Angeles County had the	Folder VIEW.7.037 with more detail as to how to execute the test case. Formerly Test Case 5.2.17

VIEW.7.038 **Priority:** High **PC Field Name:** Provider Access/4 **Status:** Pass **IR#:** 1193 **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - *** 1/8/2000 CS - updated the expected Provider Access (Acute Care Bed Counts vs American Hospital Association Figures)	The OSHPD website shows the expected bedcount for California Hospitals to be: TOTAL BEDS: 92,657 GENERAL ACUTE: 71,618 The OSHPD numbers are most likely to depict the actual number of beds that are being used. Licenses can show a greater number of beds than those that are actually being used. Hospital close wings etc. This does not show up on their license but in their availability for placing patients and ability to staff the beds. As a results, expect Panorama View to to show a greater number of beds (up to 25%) than the total beds reported by the OSHPD website.	State from the American Hospital Association Guide. In the Provider Access Folder, select the question 'How does access to acute care vary geographically?'. Does the number appearing at the bottom of the Panorama display come close to this number?	Obtain the total number of beds in the Panorama View was 115,758, 25% higher than the OSHPD website.	The total number of acute care beds in	Folder VIEW.7.038 results with explanation from Sandy Hodgin from the MIS/DSS project office as to why PV shows a greater number of beds than the OSHPD website. updated the expected results to come from the OSHPD website, http://www.oshpd.cahwnet.gov. Formerly Test Case 5.2.18

*** 11/3/99 - IR #1193 - J. Dittman -

*** 8/19/98 - IR #457 - J. Dittman - deleted the statement that out-of-state beds need to be subtracted from the total. Due to the use of an external provider file (from DHS Lic. & Cert), there will no longer be out-of-state beds in Panorama View.

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.039 **Priority:** High **PC Field Name:** Provider Access/4 **Status:** Pass **IR#:** **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Provider Access (Acute Care Bed Counts by Prov Type) ***6/13/99 - J. Dittman - updated the test set-up to exclude the 'Other/Invalid'	Only Inpatient Facility Provider Types will display on the report as having bedcounts > 0.	vary geographically?'. Drill down on the total number of beds. Drag the provider type onto the display and sort by bed count. *** 8/19/98 - J. Dittman - changed Excluding the 'Other/Invalid' category, verify that there are only beds for Inpatient Facility Providers.	In the Provider Access Folder, select the question 'How does access to acute care Facilities: Community Acute Inpatient Hospital (92,544 beds), County Acute Mental Health Inpatient (8,550 beds).	As expected, the Provider Types that displayed bedcounts > 0 were all Inpatient category.	Folder VIEW.7.039 Inpatient Hospital (9,567 beds), and terminology to state inpatient 'facilities' instead of inpatient 'hospitals' based on the new provider file extract for Phase 3. Formerly Test Case 5.2.19

VIEW.7.040 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** Obsolete **IR#:** **Date Cmplt:** **DataScan Scripts:** **Tester:**

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - updated Capitation Payment Distribution Panorama View Catalog by Aid Category	Based on the 1998 CA Annual Statistical Report, expect the Medically Needy Blind / Disabled, Medically Needy Aged, and Medically Indigent Adults Aid Categories to have the highest Payments PMPM.	In the Beneficiary Expenditures Folder, and change the measure to Category of Service = Medical Capitation Payments and the time period to yearly. Subset on the Plan Model Types identified as partially / fully capitated in the Panorama View Catalog Implementation Guide. Drill down on the most recent year and drag over the Aid Category / Aid Category Roll-Up dimension. Verify that the Payments PMPM by Aid Category / Aid Category Roll-Up are reasonable for this Phase's data (see expected results).	This test case was marked obsolete as select 'What is the Trend in Expenditures' displayed for GMC and COHS plans.	Folder VIEW.7.040 and the Im	11/3/99: J. Dittman - IR #1195 - Cap pmts by Aid Categories are not Statistics Report data. 12/20/98: J. Dittman - updated the Expected Results with information from the 1995 CA Annual Statistical Report (Table 7 - Average Monthly Payment per Eligible by Program and Aid Category). 10/20/98: J. Dittman - updated Expected Results to remove the Aid Category Roll-up and just state the Aid Category. 8/10/98: J. Dittman - updated Test Setup to be more general, referring to the partially / fully capitated plans listed in the Catalog Implementation Guide instead of listing the values. Formerly Test Case 4.2.01.63

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TB 5.3

VIEW.7.041 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** Pass **IR#:** 1806 **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Test Case 4.2.01.64 Capitation Payment Distribution Panorama View Catalog by Ethnicity	The Capitation Payments will be distributed proportionately (within 10%) to the distribution of eligibles in each Ethnicity value.	In the Beneficiary Expenditures Folder, and change the measure to Category of Service = Capitation Payments and the time period to yearly. Subset on the Plan Model Types identified as Capitated in the Panorama View Catalog Implementation Guide. Drill down on the most recent year and drag over the Ethnicity dimension. Verify that the total payments have been distributed proportionately by creating a spreadsheet showing the variance between the distribution of eligibles and the distribution of payments.	As expected, the variance was within 10% select 'What is the Trend in Expenditures' and ranged from 5.09% for "No Valid Data Reported" to -7.99% for "Hispanic". Im There were 0.05% of the eligibles and .06% of the payments in the Missing value.		Folder VIEW.7.041 and the Formerly Panorama View Catalog

VIEW.7.042 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** Pass **IR#:** 1806 **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - #814 / SIR #12326 J. Capitation Payment Distribution Panorama View Catalog by Language	The Capitation Payments will be distributed proportionately (within 10%) to Dittman - the data pull limit should have the distribution of eligibles in each Language.	In the Beneficiary Expenditures Folder, and change the measure to Category of Service = Capitation Payments and the time period to yearly. Subset on the Plan Model Types identified as Capitated in the Panorama View Catalog Implementation Guide. Drill down on the most recent year and drag over the Language dimension. Verify that the total payments have been distributed proportionately by creating a spreadsheet showing the variance between the distribution of eligibles and the distribution of payments.	As expected, the variance was within 10% select 'What is the Trend in Expenditures' +4.29% for "No valid data reported". Im		Folder VIEW.7.042 and the 8/10/98: IR and ranged from -3.73% for "Spanish" to been increased in Phase 3 to allow this test case to be executed. In Phase 2, we received an error stating 'Unable to Retrieve Data'. Formerly Test Case 4.2.01.65

VIEW.7.043 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** Pass **IR#:** 1806 **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Test Case 4.2.01.66 Capitation Payment Distribution by Age Group	The Capitation Payments will be distributed proportionately (within 10%) to the distribution of eligibles in each Age Group value.	In the Beneficiary Expenditures Folder, and change the measure to Category of Service = Capitation Payments and the time period to yearly. Subset on the Plan Model Types identified as Capitated in the Panorama View Catalog Implementation Guide. Drill down and drag over the Age Group / Age Group Roll-Up dimension. Verify that the total payments have been distributed proportionately by creating a spreadsheet showing the variance between the distribution of eligibles and the distribution of payments.	As expected, the variance was within 10% select 'What is the Trend in Expenditures' to +3.93% for "Age 65 - 74". and ranged from -2.4% for "Age 10 - 14"	Im	Folder VIEW.7.043 and the Formerly Panorama View Catalog

VIEW.7.044 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** Pass **IR#:** **Date Cmplt:** 4/19/00 **DataScan Scripts:** **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Test Case 4.2.01.67 Capitation Payment Distribution by Gender	The Capitation Payments will be distributed proportionately (within 10%) to the distribution of eligibles in each gender value.	and change the measure to Category of Service = Medical Capitation Payments and Dental Capitation Payments. Change the time period to yearly. Subset on the Plan Model Types identified as Capitated in the Panorama View Catalog Implementation Guide. Drill down on the prior year and drag over the Gender dimension. Verify that the total payments have been distributed proportionately by creating a spreadsheet showing the variance between the distribution of eligibles and the distribution of payments.	As expected, the variance was within 10% select 'What is the Trend in Expenditures' .02% for Females. and ranged from -.33% for Males and	Im	Folder VIEW.7.044 and the Formerly Panorama View Catalog

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TB 5.3

VIEW.7.045 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 3/31/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Reasonability Validation - Capitation Payment Distribution by Aid Category / Plan Model Type	Payments / Eligible for each Aid Category will be within 25% between the CP and LI Plans.	04/27/00: J. Dittman - updated the test set-up to exclude aid categories where the Panorama View Catalog and change the measure to Category of Service = Medical Capitation Payments and the time period to yearly. Subset on the Plan Model Types Commercial Plan (CP) and Local Initiative (LI). Drill down on the most recent year and drag over the Aid Category and Plan Model Type dimensions. Export to Excel and exclude Aid Categories where eligibles < 1,000. Verify that the payments per eligible by aid category are similar between the two Plan Model Types.	In the Beneficiary Expenditures Folder, select 'What is the Trend in Expenditures' were within 25% between the CP and the LI Plans.	The Payments / Eligible for all Aid Categories with more than 1,000 eligibles Im eligibles were < 1,000.	Folder VIEW.7.045 and the Panorama View Catalog test case was updated to look at 'Medical' Capitation Payments, instead of Panorama View Catalog Implementation Guide. Note: the State has stated that "although the Fee-For-Service Managed Care Plan Model Type receives Capitation Payments, it should not be considered fully or partially capitated in Panorama View. Therefore, this Plan Model Type should not be included in the Subset."

VIEW.7.047 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** Pass **IR#:** 1806 **Date Cmplt:** 4/14/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Validation - Capitation Payments from only Partially / Fully Capitated Plans 'Capitation Payments'.	Medical Capitation Payments will display only for Partially / Fully Capitated Plans listed in the Panorama View Catalog Implementation Guide. Note: the State has stated that "although the Fee-For-Service Managed Care Plan Model Type receives Capitation Payments, it should not be considered fully or partially capitated in Panorama View. Therefore, this Plan Model Type should not be included in the Subset."	Select 'What is the trend in expenditures' and change the measure to Medical Capitation Payments. In subsetting, select the Plan Model Types which are not identified as Partially / Fully Capitated in the Panorama View Catalog Implementation Guide. Also, per the results). Verify that the Medical Capitation Payments are $0 for the remaining plans.	As expected. Medical Capitation Payments were displayed only for Partially / Fully Capitated Plans listed in the Guide. Note: the State has stated that "although the Fee-For-Service Managed Care Plan Model Type receives State, do not select the Fee-For-Service Managed Care Network (see expected Panorama View. Therefore, this Plan Model Type was not included in the Subset." NOTE: In phase 5, Dental Cap $ display for non-capitated Plan Model types due to FFS eligibles enrolled in a Dental Health Plan. Dental Plan is not considered when subsetting on Plan Model Types.	Folder VIEW.7.047 and the Im	*** 4/14/00 - JD - P5 - Per IR 1806, the Panorama View Catalog test case was updated to look at 'Medical' Capitation Payments, instead of Panorama View Catalog Implementation Guide. Note: the State has stated that "although the Fee-For-Service Managed Care Plan Model Type receives Capitation Payments, it is not be considered fully or partially capitated in Panorama View. Therefore, this Plan Model Type was not included in the Subset."

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TB 5.3

VIEW.7.048 **Priority:** High **PC Field Name:** Expenditures/4 **Status:** N/A **IR#:** **Date Cmplt:** **DataScan Scripts:** **Tester:**

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - Change in Payments we compare annual by County. *** 11/24/98-P3-CS-clarified Expected	The annual change in the Panorama View measure 'Payments Per Eligible' will be within 10% (or explainable if greater than 10%) of the annual change calculation from the 1995 and 1996 CA Annual Statistics Reports.	the reasonability of change in payments by county (check Alameda TANF, Fresno TANF, and LA TANF). In the Beneficiary Expenditures Folder, select 'How have expenditures changed geographically?' and subset on Plan Model Type = FFS. Analyze the change in 'Payments Per Eligible' and compare the change to the 1995 and 1996 California Annual Statistical Reports for payments per eligible. External Benchmarks: v:\CA_MED\ANALYSIS\Reasonability\... VIEW7048.xls: % Change Between 1995 and 1996 for selected county populations. 2) Tbl18p1 - Tbl18p3: 1996 Average Monthly Eligibles by County, Program, and Aid Category. 3) Tbl20p1 - Tbl20p3: 1996 Total Annual payments by County of Beneficiary Program and Aid Category (Fee-for-Service)	Run a report in Panorama View to check	N/A as updated benchmark information was not available. Results to reflect that % change between PV and the Stats report. ***8/14/98-C.Swanson - created test case to analyze reasonability of expenditures by county and movement into managed care.	Folder VIEW.7.048

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TB 5.3

VIEW.7.049 **Priority:** High **PC Field Name:** Expenditures/7 **Status:** N/A **IR#:** **Date Cmplt:** **DataScan Scripts:** **Tester:**

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - Components of Change	General trends in Expenditures/Eligibility/Utilization will be reflected in the components of change. Trend in eligibility will be congruent (up or down trend) with "Eligibility Change". For utilization and price, direction of trends in the top 5 categories, positive or negative, should be congruent (up or down) with the price (expenditures/units) and utilization (units/1000) calculations in the set-up.	Run a report in Panorama View to analyze the components of change. Subset on TANF and Fee-for-Service. In the Expenditures Folder, select 'What is driving the change in expenditures?'. Compare the trends in each component of change to the trends in Expenditures/Eligibility/Utilization (Utilization by Category of Service question in Utilization folder and Expenditures by Category in the Expenditures folder). Copy and merge these three tables in an Excel spreadsheet for further analysis. Sort data to get the top 5 categories by # of recipients and focus on these categories for testing. Use data from expenditure and utilization tables to determine price (expenditures/units) and utilization (units/1000) trends.		Folder VIEW.7.049	10/20/98: J. Dittman - marked test case as N/A as we are unable to subset on FFS in the variance question at this time. 8/14/98 C. Swanson / R. Joy - created new test case to analyze what is driving the change in expenditures.

VIEW.7.050 **Priority:** High **PC Field Name:** Eligibility/4 **Status:** N/A **IR#:** **Date Cmplt:** **DataScan Scripts:** **Tester:**

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - Change in Managed Care Eligibles/County.	The counties relevant to the new phase data will have a variance of less than 10% (or an explainable variance above 10%) in Managed Care Eligibles / County when compared to the 1995 and 1996 California Annual Statistics Reports.	Run a report in Panorama View to check has eligibility changed geographically'. Managed Care Eligibles / County in the 1995 and 1996 California Annual Statistical Reports. If two full fiscal years are not available in PV, use the year-to-date option for comparisons. External Benchmarks: v:\CA_MED\ANALYSIS\Reasonability\... VIEW7050.xls: % Change Between 1995 and 1996 for selected county populations.		Folder VIEW.7.050	*** 7/7/99 - JMD - P4 - Marked test case as N/A for this Phase, as the benchmark data is too old. The % change in the change in eligibility by county. In the Beneficiary Eligibility Folder, select 'How managed care eligibles is very time dependent and will fail until we find a more Compare to the percentage change of comparable external benchmark. *** 6/24/99 - KK - P4 - Added note in Test Setup about using the year-to-date for comparison. *** 12/20/98: J. Dittman - added 'explainable variance' to the expected results. *** 10/16/98-C.Swanson - updated Expected Results to look at counties relevant to new phase data. *** 8/14/98-C.Swanson - created new test case to check reasonability of movement to managed care.

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TB 5.3

VIEW.7.051 **Priority:** High **PC Field Name:** Eligibility/5 **Status:** Pass **IR#:** 1385 **Date Cmplt:** 4/14/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - Census Data	The Panorama View measures will have a variance of less than 10% when compared to the 1998 CA Census Data listed on the Census data in Phase 5. U.S. Census Bureau's website, http://www.census.gov/population/estimate s/county/co-98-1/98C1_06.txt	*** 11/3/99 - JD - P5 - Per IR #1574, updated to reflect the use of the 1998 does eligibility compare to census 1998 Census data to ensure that population counts are reasonable.	Run a report in Panorama View to compare eligibility to census data. In the Beneficiary Eligibility folder, select 'How geographically?'. Compare results to the California population of 32,666,550.	The census information in Panorama View varied less than 10% from the 1998 CA Census Data from the U.S. Census Bureau's website. Both Panorama View and the US Census Bureau showed a	Folder VIEW.7.051 External Benchmark: www.census *** 6/24/99 - KK - P4 - Updated Test Setup to compare populations at the state instead of county level. *** 4/30/99 - JD - P4 - IR #1385 (CA population varies more than 20% between DOF and US Census Bureau estimates). Changed the external report for comparison to cross-check US Census data. *** 3/16/99-CS-P4-updated to compare with 1997 Census data. *** 8/14/98-C.Swanson - created new test case to check new census data.

VIEW.7.053 **Priority:** High **PC Field Name:** Utilization/4 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - Utilization - Physician Services by Medical Plan	The trend will not vary considerably and can be measured by the coefficient of variation, a standardized measure of variation among data points. Assuming a are statistically insignificant now that the stable covered population and benefit structure, a reasonable expected coefficient of variation would be considerably less than 50%. Stated mathematically, the standard deviation for Setup to delete any medical plans that the data set should be less than half of the have less than 1,000 eligibles, as these mean. Therefore, expect the Services / 1,000 coefficient of variation between medical plans <= .5	Run a report in Panorama View to check the utilization by category. In the Beneficiary Utilization Folder, select 'How Subset on Aid Category Rollup=TANF, change measure to physician services by medical plan. Change time window to most current fiscal year and sort eligibility compare services per 1,000.	As expected, the coefficient of variation by Medical Plan for Physican Services / 1,000 Eligibles was 0.49.		Folder VIEW.7.053 04/20/00: J. Dittman - Setup to delete any medical plans that have less than 20,000 eligibles, as these does utilization vary by category?'. entire Medi-Cal population is in the database. 12/17/98: J. Dittman - updated the Test descending. Export to Excel, delete all rows with less than 1,000 eligibles, and are statistically insignificant. 11/23/98: J. Dittman - updated expected results with an explanation of the coefficient of variation. 8/17/98-C.Swanson / R. Joy - created a new test case to check the reasonability of office visits between managed care plans.

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.054 **Priority:** High **PC Field Name:** Provider Access/1 **Status:** Pass **IR#:** **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - Eligibles per Active Provider	The trend will not vary considerably and can be measured by the coefficient of variation, a standardized measure of variation among data points. Assuming a stable covered population and benefit structure, a reasonable expected coefficient of variation would be considerably less than 50%. Stated mathematically, the standard deviation for the data set should be less than half of the mean. Therefore, expect the range of 'Eligibles per Active Provider' to have a coefficient of variation <= .5.	Run a report in Panorama View to check the range of 'eligibles per active provider' in the 27-month window. In the Provider provider participation?' Export the table to Excel and calculate the coefficient of variation.	As expected, the coefficient of variation for the 'Eligibles per Active Provider' over the 27-month database was .06.		Folder VIEW.7.054*** 4/20/00- J. Dittman - updated the test set-up to reflect the export to Excel and the calculation of the coefficient of variation. Access folder, select 'What is the trend in *** 6/24/99 - J. Dittman - updated test set-up to reflect the 27-month database in v2.0. *** 11/23/98 - J. Dittman - updated expected results with an explanation of the coefficient of variation. *** 8/17/98-C.Swanson / R. Joy - created a new test case to check the reasonability of eligibles per active provider.

VIEW.7.055 **Priority:** High **PC Field Name:** Provider Access/2 **Status:** Fail **IR#:** 1195,1821 **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - Provider Participation exclude records with eligibles < 1,000 or by County	The trend will not vary considerably and can be measured by the coefficient of variation, a standardized measure of variation among data points. Assuming a stable covered population and benefit structure, a reasonable expected coefficient of variation would be considerably less than 50%. Stated mathematically, the standard deviation for the data set should be less than half of the mean. Therefore, expect the Eligibles per Active Provider to have a coefficient of variation <= .5.	Run a report in Panorama View to analyze the provider participation by county. In the Provider Access folder, select 'How does participation vary geographically?' Narrow the focus to Primary Care Providers by subsetting on Provider Specialty = Family Practice, General Practice, Internal Medicine, Excel. Delete records where eligibles < 1,000 or active physicians < 10. Analyze the range of Eligibles / Active Physician, excluding counties with less than 1,000 eligibles.	Not as expected, the coefficient of variation for Eligibles per Active Physician for Fiscal Year 1999 (after subsetting on active physcians < 10, as these are Provider Specialty = Family Practice, General Practice, Internal Medicine, OB-Gynecology (MD), and Pediatrics) was 0.68. OB-Gynecology (MD), and Pediatrics. Change the time period to the most recent Fiscal Year and export the results to underreporting.		*** 4/20/00-P5-JD - updated test setup to exclude records with eligibles < 1,000 or active physicians < 10, as these are Provider Specialty = Family Practice, *** 12/16/98-P3-CS - updated test setup with subset on primary care providers and time period to most current fiscal year. *** 11/30/98-P3-CS/RJ- modified test case to use co. of var. External Benchmark had only 3 months of data. The State agreed during the review of the 4.3 test results that this test case is FYI Only. This failure is most likely due to ***8/17/98-C.Swanson / R. Joy - created a new test case to analyze provider participation by county.

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TB 5.3

VIEW.7.056 **Priority:** High **PC Field Name:** Provider Access/6 **Status:** Fail **IR#:** 1195 **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - PCP Recipients / Provider / County	The trend will not vary considerably and can be measured by the coefficient of variation, a standardized measure of variation among data points. Assuming a stable covered population and benefit structure, a reasonable expected coefficient of variation would be considerably less than 50%. Stated mathematically, the standard deviation for the data set should be less than half of the mean. Therefore, expect the PCP recipients per provider by county to have a coefficient of variation <= .5.	Run a report in Panorama View to analyze the number of recipients treated by each provider. In the Provider Access folder, select 'How many recipients are providers treating?' Subset on Provider Specialty = Family Practice, General Practice, Internal Medicine, OB-Gynecology (MD), and Pediatrics. Change the time period to the most recent Fiscal Year, drill down on "Total" row, and array data by county. Export to Excel. Delete rows where the total did not calculate and determine the coefficient of variance.	Not as expected, the number of recipients per provider by county had a coefficient of variation of 0.87. 4.3 test results that this test case is FYI Only. This failure is most likely due to underreporting.	Folder VIEW.7.056	***11/23/99-J.Dittman - removed reference to the Phase 4 counties in the Test set-up. The State agreed during the review of the results with an explanation of the coefficient of variation. recipients treated by providers.

VIEW.7.057 **Priority:** High **PC Field Name:** Quality/1 **Status:** Pass **IR#:** **Date Cmplt:** 4/21/00 **DataScan Scripts:** ATF Script Results - Quality Folder from both the current build and the prior database build. **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - Quality Folder - Are children receiving well-child visits?	The Actual as a % of Expected well-child visits for each age grouping will have a variation of less than 20% between the two rolling years and the prior database build.	Review the question results from the ATF script output (and/or on-line data), when applicable, compare the results to ATF script output from the prior database build.	Expected well-child visits for each age comparing the percent of Actual to Expected well-child visits for each age grouping for the two rolling years. Next was in Age Grouping 5-10 years, which showed a 12.28% increase. The results	As expected, the Actual as a % of Expected well-child visits for each age comparing results to the prior production build.	Folder VIEW.7.057 12/15/98: C. Swanson - added 'when applicable' to test setup regarding grouping varied less than 20% between the two rolling years. The largest change were also very similar to TB 4.3. 11/23/98: J. Dittman - updated expected 20% per Ted, as this more accurately reflects the trend for Medi-Cal. 8/19/98: J. Dittman - Created test case.

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TB 5.3

VIEW.7.058 **Priority:** High **PC Field Name:** Quality /2 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 4/21/00 **DataScan Scripts:** ATF Script Results - Quality Folder from both the current build and the prior database build. **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - Are children receiving childhood immunizations?	The number of childhood immunizations for each measure (Actual as a % of Expected and % Receiving Zero Immunizations) for each county (with > 1,000 eligibles) will have a variance of less than 20% between the two rolling years and the prior database build.	Review the question results from the ATF script output (and/or on-line data to get the 1st Rolling Year), comparing the measures, Actual as a % of Expected and % Receiving Zero Immunizations, for each county for the two rolling years. Note: exclude any counties where the number of eligibles is < 1,000 or the % is too low to calculate in PV (less than 10 eligibles or immunizations). Next, when applicable, compare the results to ATF script output from the prior database build.	most recent rolling year) had a variance of less than 20% when comparing the immunizations and '% Receiving Zero Immunizations' between the two rolling years. The results were not in the expected range in TB 4.3.	All counties (with eligibles > 1,000 for the Folder VIEW.7.058	11/3/99: J. Dittman - IR #1195 - updated test set-up to exclude counties where the number of eligibles < 1,000. 'Actual as % of Expected' childhood 12/15/98: C. Swanson - added 'when applicable' to test setup regarding comparing results to the prior production build. 11/23/98: J. Dittman - updated expected results with a reasonability threshold of 20% per Ted, as this more accurately reflects the trend for Medi-Cal. 10/1/98: J. Dittman - changed test set-up to include validation between the two rolling years. 8/19/98: J. Dittman - Created test case.

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TB 5.3

VIEW.7.059 **Priority:** High **PC Field Name:** Quality /3 **Status:** Fail **IR#:** 1195 **Date Cmplt:** 4/21/00 **DataScan Scripts:** ATF Script Results - Quality Folder from both the current build and the prior database build. **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability 11/23/99 CS - added note about Testing - How do preventable comparing only those counties with childhood diseases vary geographically?	The Recipients / 100,000 Eligibles for Varicella Zoster for each county will have a variance of less than 40% between the two rolling years and the prior database build.	Review the question results from the ATF script output (and/or on-line data to get the 1st Rolling Year), comparing the Recipients / 100,000 Eligibles for Varicella Zoster for each county with eligibles age 0-21 > 10,000 (or with a stratified database, eligibles > 1,000) for the two rolling years. Next, when applicable, compare the results to ATF script output from the latest production build (or prior stratified testbase) to ensure that the new Phase data does not dramatically alter the outcome.	32 counties (where the eligibles age 0-21 > 10,000) varied more than 40% between the two rolling years. These were similar to the results in TB 4.3. This failure is data-related. Other test cases demonstrate the accuracy of the underlying data that supports this Panorama View measure.	Not as expected, the Recipients / 100,000 Eligibles for Varicella Zoster for 9 out of 32 eligibles > 1,000 for a stratified database.	Folder VIEW.7.059 11/3/99: J. Dittman - IR #1195 - changed the threshold from 20 to 40%. 3/9/99: J. Dittman - Updated test case to only look at counties with eligibles (0-21) > 10,000. Added 'or prior stratified testbase' to the test set-up. 12/15/98: C. Swanson - added 'when applicable' to test setup regarding comparing results to the prior production build. 11/23/98: J. Dittman - updated expected results with a reasonability threshold of 20% per Ted, as this more accurately reflects the trend for Medi-Cal. 8/19/98: J. Dittman - Created test case.

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TB 5.3

VIEW.7.060 **Priority:** High **PC Field Name:** Quality /4 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 4/21/00 **DataScan Scripts:** ATF Script Results - Quality Folder from both the current build and the prior database build. **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - Are children receiving preventive screens?	The Screening Rate for each preventive screen will have a variance of less than 25% between the two rolling years and the prior database build.	Review the question results from the ATF script output, comparing the % of children two rolling years. Next, when applicable, compare the results to ATF script output from the prior database build.	As expected, the Screening Rate for each preventive screen had a variance of less than 25% between the two rolling years.	Folder VIEW.7.060	04/27/00: J. Dittman - changed the expected results from 20 to 25% per the 4.3 Test Results review meeting. 3/9/99: J. Dittman - changed the wording to Screening Rate instead of % of Children. 12/15/98: C. Swanson - added 'when applicable' to test setup regarding comparing results to the prior production build. 11/23/98: J. Dittman - updated expected results with a reasonability threshold of 20% per Ted, as this more accurately reflects the trend for Medi-Cal. 8/19/98: J. Dittman - Created test case.

VIEW.7.061 **Priority:** High **PC Field Name:** Quality/5 **Status:** Fail **IR#:** 1195 **Date Cmplt:** 4/21/00 **DataScan Scripts:** ATF Script Results - Quality Folder from both the current build and the prior database build. **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Folder VIEW.7.061 Testing - Are women receiving preventive screens?	The % of Women Receiving at Least One Screen for each preventive screen will have a variance less than 20% between the two rolling years and the prior database build.	Review the question results from the ATF script output, comparing the % of Adolescents and Adults Receiving at Least One Screen for each preventive screen for the two rolling years. Next, when applicable, compare the results to ATF script output from the latest production build to ensure that the new Phase data does not dramatically alter the outcome. Note: these measures are under the Quality question, 'Are women receiving preventive screens.'	one Cervical Cancer Screen and Mammogram varied less than 20% between the two rolling years. The Chlamydia Screening Rate, however, increased by 207% between the two rolling years, from 3.16% to 9.71%. These results were very similar to TB 5.2. Note that for 5.3 the new 1999 CPT-4 codes were added for Chlamydia Screens, which may have contributed to the increase.		The percent of women receiving at least 6/27/99: J. Dittman - v2.0 changed 'Pap Smear' to 'Cervical Cancer Screen' and 'Adolescents and Adults' to 'Women'. 3/18/99: J. Dittman - placed a note in the test set-up to reflect the new question text. 12/15/98: C. Swanson - added 'when applicable' to test setup regarding comparing results to the prior production build. 11/23/98: J. Dittman - updated expected results with a reasonability threshold of 20% per Ted, as this more accurately reflects the trend for Medi-Cal. 8/19/98: J. Dittman - Created test case.

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.062 **Priority:** High **PC Field Name:** Quality/6 **Status:** Pass **IR#:** **Date Cmplt:** 4/21/00 **DataScan Scripts:** ATF Script Results - Quality Folder from both the current build and the prior database build. **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - What is the quality of maternity care?	The percentage for each measure will have a variance of less than 25% between the two rolling years and the latest production build.	Review the question results from the ATF script output, comparing the two rolling years for the percentage of each measure (C-Section, Complications of Delivery Rate, In-Hospital Neonatal Mortality Rate, and Early Threatened Labor Rate). Next, when applicable, compare the results to ATF script output from the latest production build to ensure that the new Phase data does not dramatically alter the outcome.	Quality of Maternity Care services varied less than 20%.	As expected, the percentages for C-Section (20.43%), Complications of Delivery (21.99%), In-Hospital Neonatal Mortality (.14%), and Early/Threatened Labor (25.14%) varied less than 25% between the two rolling years. The 5.2 comparing results to the prior production build.	Folder VIEW.7.062 04/27/00: C. Swanson - updated the expected results to expect a variance of less than 25%, instead of 20%. 12/15/98: C. Swanson - added 'when applicable' to test setup regarding when applicable, compare the results to ATF script output from the latest production build to ensure that the new Phase data does not dramatically alter the outcome. 11/23/98: J. Dittman - updated expected results with a reasonability threshold of 20% per Ted, as this more accurately reflects the trend for Medi-Cal. 8/19/98: J. Dittman - Created test case.

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.063 **Priority:** High **PC Field Name:** Quality /7 **Status:** Pass **IR#:** 1195 **Date Cmplt:** 4/21/00 **DataScan Scripts:** ATF Script Results - Quality Folder from both the current build and the prior database build. **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - What is the admission rate for Ambulatory Sensitive Conditions?	The % of Admits / 100,000 Eligibles for Adult Asthma for each county will have a variance of less than 40% between the two rolling years and the prior database build. Note: exclude any counties where the Eligibles 21+ is less than 20,000.	Review the question results from the ATF script output (and/or on-line data), rolling years. Note: exclude counties where the # of Eligibles 21+ is < 20,000 (or eligibles < 1,000 when the database is 11/23/99 CS - added note about only stratified). Next, when applicable, compare the results to ATF script output from the prior database build.	Eligibles for Adult Asthma (where comparing the % of Admits / 100,000 Eligibles for Adult Asthma for the two counties where the measure was calculated between the two rolling years.	As expected, the % of Admits / 100,000 Eligibles for Adult Asthma (where comparing the % of Admits / 100,000 Eligibles for Adult Asthma for the two counties where the measure was calculated between the two rolling years.	Folder VIEW.7.063 04/27/00 JD - updated set-up to compare these small counties are statistically insignificant when compared to the larger counties where eligibles < 20,000, as Eligibles 21+ was > 20,000) had a variance of less than 40% in all of the 29 counties in the 5.3 database. These results are very similar to TB 5.2. comparing counties where eligibles > 1,000 when the database is stratified. 11/3/99: J. Dittman - IR #1195 - updated the threshold to 40%. 3/9/99: J. Dittman - updated test case to only look at counties with greater than 10,000 eligibles age 21+. 12/15/98: C. Swanson - added 'when applicable' to test setup regarding comparing results to the prior production build. 11/23/98: J. Dittman - updated expected results with a reasonability threshold of 20% per Ted, as this more accurately reflects the trend for Medi-Cal. 8/19/98: J. Dittman - Created test case.

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.064 **Priority:** High **PC Field Name:** Quality/8 **Status:** Fail **IR#:** 1195 **Date Cmplt:** 4/21/00 **DataScan Scripts:** ATF Script Results - Quality Folder from both the current build and the prior database build. **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Folder VIEW.7.064 Testing - What is the impact of manageable conditions?	The FFS Payments per Recipient for each 11/3/99: J. Dittman - IR #1195 - updated manageable condition will have a variance of less than 40% between the two rolling years and the latest production 3/18/99: J. Dittman - updated the test build.	script output, comparing the FFS manageable conditions for the two rolling years. Next, when applicable, compare the results to ATF script output from the latest production build to ensure that the new Phase data does not dramatically alter the outcome.	Review the question results from the ATF the manageable conditions had a Payments per Recipient for each of the 10 which was 46%. The results are very similar to those in TB 5.2. This failure is data-related. Other test cases demonstrate the accuracy of the underlying data that supports this Panorama View measure.		The FFS Payments per Recipient for all of the threshold to 40%. variance of less than 40% between the two rolling years except for Intracranial Injury case to reflect the new v2.0 measure, FFS Payments per Recipient. 12/15/98: C. Swanson - added 'when applicable' to test setup regarding comparing results to the prior production build. 11/23/98: J. Dittman - updated expected results with a reasonability threshold of 20% per Ted, as this more accurately reflects the trend for Medi-Cal. 8/19/98: J. Dittman - Created test case.

DataScan Product Testing - Panorama View

TB 5.3

VIEW.7.065 **Priority:** High **PC Field Name:** Quality/9 **Status:** Fail **IR#:** 1195 **Date Cmplt:** 4/21/00 **DataScan Scripts:** ATF Script Results - Quality Folder from both the current build and the prior database build. **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - How do manageable conditions vary geographically? 11/23/99 CS - added note about	The FFS Payments per Recipient for Abnormal Gestation / Birth Weight for each county with more than 10,000 eligibles will have a variance of less than 25% between the two rolling years and the prior database build. 11/3/99: J. Dittman - IR #1195 - updated	Review the question results from the ATF script output (and/or on-line data), comparing the FFS Payments per Recipient for Abnormal Gestation / Birth years. Exclude counties where the number of eligibles is < 10,000 (or where eligibles < 1,000 when the database is stratified). Next, compare the results to ATF script output from the prior database build when applicable. 3/18/99: J. Dittman - modified test case to	Abnormal Gestation / Birth Weight had a variance of more than 25% in 21 of the 40 Weight for each county for the two rolling The results are very similar to TB 5.2. This failure is data-related. Other test cases demonstrate the accuracy of the Panorama View measure.	The FFS Payments per Recipient for	Folder VIEW.7.065 comparing countied with eligibles > 1,000 when the database is stratified. counties where eligibles were > 10,000. the test case to exclude counties where the number of eligibles is < 10,000 and increased the threshold to 25%. underlying data that supports this look at the new FFS Payments / Recipient Measure in v2.0. 12/14/98: C. Swanson - added 'when applicable' to test setup when comparing results to prior database build. 11/23/98: J. Dittman - updated expected results with a reasonability threshold of 20% per Ted, as this more accurately reflects the trend for Medi-Cal. 8/19/98: J. Dittman - Created test case.

VIEW.7.066 **Priority:** High **PC Field Name:** **Status:** Pass **IR#:** **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing: Length of Eligibility changed reference of P3-J.Dittman - Updated to delete any counties with	The trend will not vary considerably and can be measured by the coefficient of variation, a standardized measure of variation among data points. Assuming a stable covered population and benefit structure, a reasonable expected coefficient of variation would be considerably less than 50%. Stated mathematically, the standard deviation for the data set should be less than half of the mean. Therefore, expect the percent of total eligibles enrolled 25+ months by county to have a coefficient of variation <= .5.	Select "What is the length of eligibility?" in the Eligibility folder. Subset on FFS TANF. Drill down and produce a eligibility. Export result to Excel. Delete any counties with less than 1,000 eligibles. Calculate % of total eligibles enrolled 25+ months. Examine variance in	As expected, the coefficient of variation for the % of Total Eligibles (Fee-For-Service TANF) enrolled 25+ crosstab by county and months of		Folder VIEW.7.066 6/18/99 P4 CS - 25-36 months to 25+ months. months by county was 0.26. ***11/23/98- expected results with an explanation of the coefficient of variation. 10/6/98-P3 - J. Dittman - added % of total eligibles by county. instructions less than 1,000 eligibles before calculating the coefficient of variance. 8/19/98: R. Joy -- New P3 reasonability test to examine length of eligibility

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TB 5.3

VIEW.7.067 **Priority:** High **PC Field Name:** **Status:** Pass **IR#:** **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing: "How often are eligibles reinstated?" J.Dittman - Updated coefficient of variation.	The trend will not vary considerably and can be measured by the coefficient of variation, a standardized measure of variation among data points. Assuming a stable covered population and benefit structure, a reasonable expected coefficient of variation would be considerably less than 50%. Stated mathematically, the standard deviation for the data set should be less than half of the mean. Therefore, expect the % of total eligibles with 1 gap in eligibility to have a coefficient of variation <= .5	Select "How often are eligibles reinstated?" in the Eligibility folder. Subset on TANF. Drill down and produce eligibility gaps. Export result to Excel. Exclude plan types with <1000 total eligibles. Calculate % of total eligibles with 1 gap. Examine variance in % of total eligibles by Plan Model Type.	As expected, the coefficient of variation for the % of Total Eligibles (TANF) with 1 a crosstab by Plan Model Type and in PHP to 20% in FFS.		Folder VIEW.7.067***11/23/98-P3-expected results with an explanation of the gap by Plan Model Type was 0.50. The % of eligibles with 1 Gap ranged from 2.6% 8/19/98: R. Joy -- New P3 reasonability test to examine eligibility gaps

VIEW.7.068 **Priority:** High **PC Field Name:** **Status:** Pass **IR#:** 1195 **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** JD

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing: Geographic Changes in Utilization.	The year over year change will be reasonable. For purposes of this test, a threshold of 25% can be used. Given a stable covered population and benefit structure, a reasonable change from year to year should be less than 25%. Therefore, the absolute change in scripts/1000 for any county will not exceed 25%. 12/15/98: J. Dittman - Updated the Test case, use the number of eligibles < 1,000.	Select "How has utilization changed geographically?" in the Utilization folder. Subset on FFS TANF. Change measure to prescriptions per 1000. Go to table current year. Hide all counties with enrollment < 10,000 (if the database is stratified, only hide counties with enrollment < 1,000). Sort ascending by scripts/1000. Examine year to year change in scripts/1000. Note: for year-to-year comparisons, use Fiscal Years, unless the database window only allows for one Fiscal Year. In that case, use year-to-date comparisons.	As expected, all counties with more than 1,000 FFS TANF eligibles had a variance of less than 25% between Jul 97-Jun 98 and Jul 98-Jun 99 year-to-date view. Sort ascending on eligibility for (FFS TANF).	Folder VIEW.7.068	11/3/99: J. Dittman - IR #1195 - updated test case to exclude counties where the number of eligibles is < 10,000, unless testing on a stratified database. In that comparisons for Scripts/1,000 eligibles Set-up to use Fiscal year-to-year comparisons, and only using YTD comparisons when the database window only supports one Fiscal Year. 11/23/98: J. Dittman - updated the expected results to document why the 25% threshold is used. 8/19/98: R. Joy -- New P3 reasonability test to geographic changes in utilization

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TB 5.3

VIEW.7.069 **Priority:** High **PC Field Name:** **Status:** Fail **IR#:** 1195,1821 **Date Cmplt:** 4/23/00 **DataScan Scripts:** **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability #1195 - updated Testing: Geographic Changes in Provider Participation.	The year over year change will be reasonable. For purposes of this test, a threshold of 25% can be used. Given a stable covered population and benefit structure, a reasonable change from year to year should be less than 25%. Therefore, the absolute change in eligibles per physician for any county with > 10,000 eligibles will not exceed 25%.	Select "How has participation changed geographically?" in the provider access folder. Go to table view. Sort ascending on eligibility for current year. Hide all <1,000 if the database is stratified). Sort ascending by % change in eligibles per Set-up to use Fiscal year-to-year Note: for year-to-year comparisons, use Fiscal Years, unless the database window comparisons when the database window only allows for one Fiscal Year. In that case, use year-to-date comparisons.	Not as expected. Seven counties (of the 40 that had more than 10,000 eligibles for both fiscal years) had an absolute change in eligibles per physician greater than 25%. This failure is data-related. Other test cases demonstrate the accuracy of the underlying data that supports this only supports one Fiscal Year.		Folder VIEW.7.069 11/3/99: J. Dittman - IR test case to exclude counties where the number of eligibles is < 10,000 in a non-stratified database. 12/15/98: J. Dittman - Updated the Test comparisons, and only using YTD Panorama View measure. 11/23/98: J. Dittman - updated the expected results to document why the 25% threshold is used. 8/19/98: R. Joy -- New P3 reasonability test to geographic changes in provider participation

VIEW.7.070 **Priority:** High **PC Field Name:** **Status:** Pass **IR#:** 1821 **Date Cmplt:** 4/23/00 **DataScan Scripts:** **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Removed reference Testing: Geographic Variance in Dental Provider Expenditures.	The trend will not vary considerably and can be measured by the coefficient of variation, a standardized measure of variation among data points. Assuming a stable covered population and benefit structure, a reasonable expected coefficient of variation would be considerably less than 50%. Stated mathematically, the standard deviation for the data set should be less than half of the mean. Therefore, expect the Payments per Dental Provider by county to have a coefficient of variation <=.5.	Select "How do expenditures vary geographically?" in the Provider Expenditures folder. Go to table view and Fiscal Year. Subset on Provider Type = Dentists. Export to Excel and delete those without a $/provider value. Examine variation on $/provider.	As expected, the coefficient of variation for Payments per Dental Providers by county was 0.45 for Fiscal Year 1999.		Folder VIEW.7.070 11/23/99: J. Dittman - to Phase 4 in the Test Setup. change the time period to the most recent Expected Results to state Dental Providers, as the Test-Setup uses a subset on this Vendor Code. 12/15/98 - J. Dittman - Updated the test set-up with the time period of the most recent Fiscal Year. 11/23/98-P3-J.Dittman - updated expected results with an explanation of the coefficient of variation. 8/19/98: R. Joy -- New P3 reasonability test to geographic variance in provider expenditures

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TB 5.3

VIEW.7.071 **Priority:** High **PC Field Name:** **Status:** Fail **IR#:** 1195 **Date Cmplt:** 4/23/00 **DataScan Scripts:** **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing: Geographic Changes in Provider Expenditures (Pharmacy)	The year over year change will be reasonable. For purposes of this test, a threshold of 25% can be used. Given a stable covered population and benefit structure, a reasonable change from year to year should be less than 25%. Therefore, the absolute change in number of eligibles is < 10,000. Payments per Provider by county in any FFS county with > 10,000 eligibles will not exceed 25%. 11/3/99: J. Dittman - IR #1195 - updated 12/15/98: J. Dittman - Updated the Test use Fiscal year-to-year	Select "How have expenditures changed geographically?" in the Provider Expenditures folder. Go to table view. Subset on Pharmacies and on Phase 5 change in payments per provider. Excluding counties with < 10,000 eligibles (or eligibles < 1,000 when the datbase is examine variation on % change. Note: for year-to-year comparisons, use Fiscal Years, unless the database window only allows for one Fiscal Year. In that case, use year-to-date comparisons.	Not as expected, 6 out of the 18 FFS counties with a Provider Type of Pharmacies had more than a 25% variance in the Payments / Pharmacy for FFS counties. Sort descending by % stratified) and without a % change value, VIEW.7.074-76 ensures the payments in PV are reasonable compared to the payments in DataScan.	Folder VIEW.7.071 V:\CA_MED\Datamgmt\Library&Ref	11/23/99 CS - added note about only comparing where eligibles > 1,000 when the database is stratified. the two fiscal year comparisons. test case to exclude counties where the This increase > 25% was reasonable, however, due to the increase in drug costs. See the recent Analytic spotlight for more information. Also, Set-up to comparisons, and only using YTD comparisons when the database window only supports one Fiscal Year. 11/23/98: J. Dittman - updated the expected results to document why the 25% threshold is used. 8/19/98: R. Joy -- New P3 reasonability test of geographic changes in provider expenditures

VIEW.7.072 **Priority:** High **PC Field Name:** **Status:** Fail **IR#:** 1195 **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing: Changes in Provider Expenditures by Category using YTD	The year over year change will be reasonable. For purposes of this test, a threshold of 25% can be used. Given a stable covered population and benefit structure, a reasonable change from year to year should be less than 25%. Therefore, the absolute change in Payments per Provider by category in any FFS county will not exceed 25%.	Select "How have expenditures changed by category?" in the Provider Expenditures folder. Go to table view. Subset on Phase 5 FFS counties. Hide all but top 10 exclude Capitation and any other Provider Type where Payments / Provider didn't calculate). Sort ascending by % change in Payments per Provider. Note: for year-to-year comparisons, use Fiscal Years, unless the database window only allows for one Fiscal Year. In that case, use year-to-date comparisons.	Two of the top 10 Provider Types (ranked than 25% in Payments / Provider between Categories (based on Total Payments - showed a 38% decrease. The State agreed during the review of the 4.3 test results that this test case is FYI Only. This failure is most likely due to underreporting.	by Total Payments) had a variance of more Folder VIEW.7.072 V:\CA_MED\Datamgmt\Library&Ref	12/15/98: J. Dittman - Updated the Test Set-up to use Fiscal year-to-year comparisons, and only using YTD Jul 97-June 98 and Jul 98-June 99 fiscal years. DDS Waiver Services showed a 27% increase, and Hosp: Comm Acute I/P 11/30/98: C. Swanson - updated Test Setup to just look at top 10 categories. 11/23/98: J. Dittman - updated the expected results to document why the 25% threshold is used. 8/19/98: R. Joy -- New P3 reasonability test of changes in provider expenditures by category

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TB 5.3

VIEW.7.073 **Priority:** High **PC Field Name:** Completion Factor **Status:** Pass **IR#:** **Date Cmplt:** 4/20/00 **DataScan Scripts:** **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability - 3/2/99: J. Dittman - IR #1041 - created Summary Completion Factors test case for v2.0.	The Summary Completion Factors will be reasonable. Because months 0-2 are not displayed in the database, expect the Net Pay Factor to be more than 0.80 (80% complete) and the Unit Count Factor to be more than 0.90 (90% complete). Also, months 4-29 will gradually become more complete, although there may be slight variation in the older months due to adjustments.	Obtain the Completion Factor Table (ibnrm.txt) used in the database build. Review the Summary Completion Factors by Category of Service value.	As expected, review of the Summary Completion Factors showed that the Net Pay Factor was 0.85748 and the Unit Count Factor was 0.89991. Months 4-29 gradually became more complete.	Folder VIEW.7.073	

VIEW.7.074 **Priority:** High **PC Field Name:** Expenditures/1 **Status:** Pass **IR#:** 1806 **Date Cmplt:** 4/12/00 **DataScan Scripts:** SPUFI VIEW7074 **Tester:** KK

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View to DataScan IR #1034/1317 - Reasonability - Payments by Month of Service (excluding Medical and Dental Capitation Payments. Capitation)	Total payments (excluding Capitation) by month of service will increasingly vary over the 27-months between PV and DataScan, due to the application of completion factors in PV. Expect only the most recent 3 months to vary more than 3/2/99: J. Dittman - IR #1041 - created 10%, but less than 20%.	Run a report in both Panorama View and DataScan displaying the Total # of Payments for the database window. Note: Capitation Payments are not completed in from the test (these payments are tested in Data Integration). Therefore, run three reports in Panorama View and subtract both the Medical and Dental Capitation Payment totals from the Total Payments. Compare this to a report from the DataScan Claims w/Paid Tables. Note: for large databases, the SPUFI may need to be modified to include temp table space.	As expected, the trend in Net Payments by service month varied 0.05% in June 1997 PV v2.0, and therefore should be excluded		Folder VIEW.7.074 11/22/99: J. Dittman - updated test case to subtract both the and increased to a 13.68% variance in August 1999. Only the most recent two months, July and August 1999, varied more than 10% at 10.20% and 13.68%, respectively. test case to compare payments between the two systems. With the completion factors in v2.0, it is impossible to directly tie payments between DataScan and PV.

VIEW.7.075 **Priority:** High **PC Field Name:** Expenditures/2 **Status:** Pass **IR#:** 1806 **Date Cmplt:** 4/12/00 **DataScan Scripts:** SPUFI VIEW7074 (Part 2) **Tester:** KK

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View to DataScan Reasonability - Payments by Fiscal Year (excluding Capitation) factors in v2.0, it is impossible to directly	Total payments (excluding Capitation) by Fiscal Year will not vary more than 10% between databases.	Run a report in both Panorama View and DataScan displaying the Total # of Payments for the Fiscal Year(s). Note: Capitation Payments are not completed in PV v2.0, and therefore should be excluded tie payments between DataScan and PV. from the test (these payments are tested in Data Integration). Therefore, run two reports in Panorama View and subtract the Capitation Payment totals from the Total Payments. Compare this to a report from the DataScan Claims w/Paid Tables.	As expected, the Total Payments (excluding Capitation) for the 1998 Fiscal Year varied less than 10% between the DataScan.	Folder VIEW.7.075	3/2/99: J. Dittman - IR #1041 - created test case to compare payments between the two systems. With the completion Panorama View and DataScan. Payments were 2.88% higher in PV than in

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TB 5.3

VIEW.7.076 **Priority:** High **PC Field Name:** Expenditures/3 **Status:** Pass **IR#:** 1806 **Date Cmplt:** 4/17/00 **DataScan Scripts:** SPUFI VIEW7074 (Part3) **Tester:** KK

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View to DataScan Reasonability - Payments by test case to compare payments between Year-to-Date (excluding Capitation)	Total payments (excluding Capitation) by Year-to-Date will not vary more than 15% between the two systems. Expect the most current Year-to-Date to vary more than the prior Year-to-Date.	Run a report in both Panorama View and DataScan displaying the Total # of Payments (excluding Capitation) by Year-to-Date. Note: Capitation Payments are not completed in PV v2.0, and therefore should be excluded from the test (these payments are tested in Data Integration). Therefore, run two reports in Panorama View and subtract the Capitation Payment totals from the Total Payments. Compare this to a report from the DataScan Claims w/Paid Tables.	As expected, both Year-to-Dates varied less than 15% between the two systems. The Total Payments for the 1998 Year-to-Date varied 0.98% whereas the Total Payments for 1999 varied 11.96%.	Folder VIEW.7.076	3/2/99: J. Dittman - IR #1041 - created test case to compare payments between the two systems. With the completion factors in v2.0, it is impossible to directly tie payments between DataScan and PV.

VIEW.7.079 **Priority:** High **PC Field Name:** Days **Status:** Pass **IR#:** **Date Cmplt:** 4/24/00 **DataScan Scripts:** PV Report and DataScan Report **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing - Analyze the Acute Care Days between Panorama and DataScan for each Plan Model Type.	Expect the number of days for each Plan Model Type to be within 10% in each system for a Fiscal Year. Also, verify that the number of days in Panorama View for the most recent month exceeds the number in DataScan by about 25% (due to completion factors).	In Panorama View, select the question 'What is the trend in Utilization' and change the time period to the most recent Fiscal Year. Drill down and drag over the Plan Model Type dimension. Run a similar report in DataScan (subset SVCDT most recent fiscal year) and compare the Days / 1,000 Eligibles between the two systems. Repeat the above steps for the most recent month in the PV database.	As expected, the number of days by each Plan Model Type varied less than 10% between the two systems (PV to DataScan): COHS -1.36% CP (2-Plan) 0.03% FFS -3.12% FFS-MC -3.26% GMC 0.10% LI (2-Plan) 0.42% PHP 1.36% PCCM 0.94% Special Projects 0% Other/Invalid 0% Missing 0% Total -2.75% Also as expected, the number of days in Panorama View for the most recent month in the database (August 1999)was 25.08% higher than in DataScan due to the completion factors.		Folder VIEW.7.079 11/3/99: J. Dittman - IR #1566 - the process to replace the Days on the detail for Phase 5. These should not impact the resultant data. Therefore, this test case to ensure that the most recent month displayed in PV was still 'completing' correctly. 3/2/99: J. Dittman - IR #1041 - created test case to compare days between the two systems. With the completion factors in v2.0, it is impossible to directly tie days between DataScan and PV. Formerly Test Case VIEW.9.020

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TB 5.3

VIEW.7.080 **Priority:** High **PC Field Name:** Utilization - 1 (Cat **Status:** Pass **IR#:** **Date Cmplt:** 4/25/00 **DataScan Scripts:** SPUFI VIEW7080 **Tester:** KK,CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View to DataScan Reasonability - Unit Totals/Category of Service	Total units by Category of Service will not vary more than 10% between the two systems for the most recent Fiscal Year, with the exception of two Categories of Service: 60, Hospital: Inpatient R&B, and 61, Hosp: IP Psych R&B Age<22. Because the detail units are replaced by the actual Case Days for these records during the PV build, expect the number of units to be less in PV than in DataScan. All other categories should display more units in PV than in DataScan due to the completion of the data.	DataScan displaying the unit totals for each Category of Service for the most recent Fiscal Year. Note: depending on the Category of Service, the units may be number of services, scripts, or days.	Run a report in both Panorama View and DataScan and PV. Categories of Service in Panorama View was 431,935,176 vs. 426,391,484 in DataScan (a 1.28% difference) for Fiscal Year 1999. Also as expected, the Hospital: Inpatient R&B category of service varied more than 10%: * 60 - Hospital: Inpatient R&B showed 2,787,029 units in PV vs. 3,643,972 in DataScan, a -30.75% difference. * 61 - Hosp: IP Psych R&B Age < 22 showed 36,224 units in PV vs. 44,750 in DataScan, a -23.54% difference. All other categories showed a larger number of units in PV than in DataScan due to the completed data.	As expected, the total units for all tie payments between	Folder VIEW.7.080 3/2/99: J. Dittman - IR #1041 - created test case to compare payments between the two systems. With the completion factors in v2.0, it is impossible to directly Formerly Test Case VIEW.9.017

VIEW.7.081 **Priority:** High **PC Field Name:** **Status:** Fail **IR#:** 1247 **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** **Tester:** BKM

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Reasonability Testing: Age on Eligibility vs. Age on Claims	Due to a change in the Phase 5 design, expect all the ages on the claim information to come from the Eligibility data (except for Newborns). Expect to see the claims. 'Expected Immunizations' for women of child bearing years.	Under the Beneficiary View Quality Folder, select the 'Are children receiving immunizations' question. Change to over the Age Group dimension.	Not as expected, the Childhood Immunizations question in the Quality folder contained claims <2 as well as Table View, drill down on Total, and drag Group. The Expected Immunizations counts still include 80 year olds. This is due to the incorrect Age for an eligible on the Eligibility table.	Folder VIEW.7.081	***11/15/99 -JMD - IR #1247 - created test case to verify the impact of tagging eligibility information such as birthdate to newborn services, when arrayed by Age

VIEW.8.043 **Priority:** High **PC Field Name:** Age Group **Status:** Pass **IR#:** **Date Cmplt:** 4/ 3/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Beneficiary View, Age Group Dimension	Age Group values will be consistent between the Panorama View Catalog Implementation Guide and the subsetting same values used in subsetting. Because feature in Panorama View.	Verify the subsetting values for Beneficiary View. Select the Age Group displayed values against the Panorama View Catalog Implementation Guide.	As expected, the Age Group values were consistent between the Panorama View Dimension of the database. Verify the subsetting feature in the product.		Folder VIEW.8.043 JMD 11/1/99: Removed the verification of the drill down values, as these are the Catalog Implementation Guide and the the values for both these features come from the same catalog, it is necessary to only verify one. Formerly Test Case 3.2.04.1

DataScan Product Testing - Panorama View

TB 5.3

VIEW.8.044 **Priority:** High **PC Field Name:** Aid Category **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Beneficiary View, Aid Category dimension	Aid Category values will be consistent between the Panorama View Catalog Implementation Guide and the subsetting feature in Panorama View.	Verify the subsetting values for Beneficiary View. Select the Aid Category Dimension of the database. Verify the displayed values against the Panorama View Catalog Implementation Guide.	As expected, Aid Category values were the drill down values, as these are the same values used in subsetting. Because subsetting feature in the product.	Folder VIEW.8.044	JMD 11/1/99: Removed the verification of consistent between the Panorama View Catalog Implementation Guide and the values for both these features come from the same catalog, it is necessary to only verify one. Formerly Test Case 3.2.04.2

VIEW.8.045 **Priority:** High **PC Field Name:** Aid Category **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Beneficiary View, Aid Category Roll-Up dimension	Aid Category Roll-Up values will be consistent between the Panorama View Catalog Implementation Guide and the subsetting feature in Panorama View.	Verify the subsetting values for Beneficiary View. Select the Aid Category Roll-Up Dimension of the database. Verify the displayed values against the Panorama View Catalog Implementation Guide.	As expected, the values for Aid Category the drill down values, as these are the same values used in subsetting. Because Panorama View Catalog Implementation Guide and the subsetting feature in the product.	Folder VIEW.8.045	JMD 11/1/99: Removed the verification of Roll-Up were consistent between the the values for both these features come from the same catalog, it is necessary to only verify one. Formerly Test Case 3.2.04.3

VIEW.8.046 **Priority:** High **PC Field Name:** Gender **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Beneficiary View, Gender dimension	Gender values will be consistent between the Panorama View Catalog Implementation Guide and the subsetting feature in Panorama View.	Verify the subsetting values for Beneficiary View. Select the Gender Dimension of the database. Verify the displayed values against the Panorama View Catalog Implementation Guide.	As expected, the Gender values were the drill down values, as these are the same values used in subsetting. Because consistent between the Panorama View Catalog Implementation Guide and the subsetting feature in the product.	Folder VIEW.8.046	JMD 11/1/99: Removed the verification of the values for both these features come from the same catalog, it is necessary to only verify one. Formerly Test Case 3.2.04.4

VIEW.8.047 **Priority:** High **PC Field Name:** Medical Plan **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Beneficiary View, Medical Plan (Network) dimension	Medical Plan (Network) values will be consistent between the Panorama View documentation to have the tester review Catalog Implementation Guide and the subsetting feature in Panorama View. The Phase 5 requested changes will have been impemented correctly (Stanislaus (LI) will no longer be listed as a Network, Blue Cross/Tulare (LI) will have been changed to Blue Cross (LI), Network 023 will be listed as Molina Med Ctr (CP), and Network 014 will be listed as Cntl Coast Alliance (COHS)).	Verify the subsetting values for Beneficiary View. Select the Medical Plan Dimension of the database. Verify the displayed values against the Panorama verify that the Phase 5 changes were implemented correctly: Stanislaus (LI) will no longer be listed as a Network, Blue Cross/Tulare (LI) will have been changed to Blue Cross (LI), Network 023 will be listed as Molina Med Ctr (CP), and Network 014 will be listed as Cntl Coast Alliance (COHS).	As expected, the Medical Plan (Network) Panorama View Catalog Implementation Guide and the subsetting feature in the View Catalog Implementation Guide. Also	Folder VIEW.8.047	JMD 11/3/99: IR #1490 - Added values were consistent between the specifically for the Phase 5 change to Cntl Coast Alliance. product. JMD 11/3/99: IR #1548 - Added documentation to have the tester review specifically for the Phase 5 change to Molina. JMD 11/3/99: IR #1532 - Added documentation to have the tester review specifically for the Phase 5 changes in Blue Cross. JMD 11/1/99: Removed the verification of the drill down values, as these are the same values used in subsetting. Because the values for both these features come from the same catalog, it is necessary to only verify one. Formerly Test Case 3.2.04.5

VIEW.8.048 **Priority:** High **PC Field Name:** County **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Beneficiary View, County dimension	County values will be consistent between the Panorama View Catalog Implementation Guide and the subsetting feature in Panorama View.	Beneficiary View. Select the County displayed values against the Panorama View Catalog Implementation Guide.	Verify the subsetting values for consistent between the Panorama View dimension of the database. Verify the subsetting feature in the product.	As expected, the values for County were	JMD 11/1/99: Removed the verification of the drill down values, as these are the same values used in subsetting. Because the values for both these features come from the same catalog, it is necessary to only verify one. Folder VIEW.8.048 Catalog Implementation Guide and the Formerly Test Case 3.2.04.6

VIEW.8.049 **Priority:** High **PC Field Name:** Plan Model Type **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Beneficiary View, Plan Model Type dimension	Plan Model Type values will be consistent between the Panorama View Catalog Implementation Guide and the subsetting feature in Panorama View.	Beneficiary View. Select the Plan Model the displayed values against the Panorama View Catalog Implementation	Verify the subsetting values for consistent between the Panorama View Type Dimension of the database. Verify subsetting feature of the product.	As expected, all Plan Model Types were	JMD 11/1/99: Removed the verification of the drill down values, as these are the same values used in subsetting. Because the values for both these features come from the same catalog, it is necessary to Folder VIEW.8.049 Catalog Implementation Guide and the

Guide.

only verify one.

Formerly Test Case 3.2.04.7

DataScan Product Testing - Panorama View

TB 5.3

VIEW.8.050 **Priority:** High **PC Field Name:** Ethnicity **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Beneficiary View, Ethnicity dimension	Ethnicity values will be consistent between the Panorama View Catalog Implementation Guide and the subsetting feature in Panorama View.	Verify the subsetting values for Beneficiary View. Select the Ethnicity displayed values against the Panorama View Catalog Implementation Guide.	As expected, the values for Ethnicity were consistent between the Panorama View Dimension of the database. Verify the subsetting feature in the product.	Folder VIEW.8.050	JMD 11/1/99: Removed the verification of the drill down values, as these are the same values used in subsetting. Because the drill down values, as these are the Catalog Implementation Guide and the values for both these features come from the same catalog, it is necessary to only verify one. Formerly Test Case 3.2.04.8

VIEW.8.051 **Priority:** High **PC Field Name:** Language **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Beneficiary View, Language dimension	Language values will be consistent between the Panorama View Catalog Implementation Guide and the subsetting feature in Panorama View.	Verify the subsetting values for Beneficiary View. Select the Language displayed values against the Panorama View Catalog Implementation Guide.	As expected, the Language values were consistent between the Panorama View Dimension of the database. Verify the subsetting feature of the product.	Folder VIEW.8.051	JMD 11/1/99: Removed the verification of the drill down values, as these are the same values used in subsetting. Because the drill down values, as these are the Catalog Implementation Guide and the values for both these features come from the same catalog, it is necessary to only verify one. Formerly Test Case 3.2.04.9

VIEW.8.052 **Priority:** High **PC Field Name:** Provider Type **Status:** Pass **IR#:** 1224 **Date Cmplt:** 4/ 5/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
PV Subsetting dimension product functionality validation case to verify the new / modified labels for -Panorama View Dimension Values (Subsetting) in Catalogs - Provider View, Provider Type dimension	Provider Type values will be consistent between the Panorama View Catalog Implementation Guide and the subsetting feature in Panorama View. Also, verify that the Phase 5 changes for IR #1317 were implemented correctly: Medical Capitation Pmts and Dental Capitation Pmts should display as provider types.	Verify the subsetting values for Provider View. Select the Provider Type Dimension values against the Panorama View Catalog Implementation Guide. Also, verify that the Phase 5 changes for IR #1317 were implemented correctly: Medical Capitation Pmts and Dental Capitation Pmts should display as provider types.	As expected, all Provider Type values of the database. Verify the displayed the subsetting feature in the product.	Folder VIEW.8.052	JMD 11/3/99 - IR #1317: Updated the test were consistent between the Panorama View Catalog Implementation Guide and JMD 11/1/99: Removed the verification of the drill down values, as these are the same values used in subsetting. Because the values for both these features come from the same catalog, it is necessary to only verify one. 8/10/98: IR #735 J. Dittman - new Provider Types 83 (Ped Subacute Rehab/Weaning), 92 (Medi-Cal Targeted Case Mgmt), and 93 (DDS Targeted Case Mgmt) were added to the catalog for Phase 3 and should display in both subsetting and drilldown in alphabetical order. Formerly Test Case 3.2.05.1

DataScan Product Testing - Panorama View

TB 5.3

VIEW.8.053 **Priority:** High **PC Field Name:** Provider Specialty **Status:** Pass **IR#:** 1224 **Date Cmplt:** 4/10/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Provider View, Provider Specialty dimension	Provider Specialty values will be consistent between the Panorama View Catalog Implementation Guide and the subsetting feature in Panorama View.	Verify the subsetting values for Provider View. Select the Provider Specialty Dimension of the database. Verify the displayed values against the Panorama View Catalog Implementation Guide.	As expected, all the values for Provider Specialty were consistent between the Panorama View Catalog Implementation Guide and the subsetting feature in the product.	Folder VIEW.8.053	JMD 11/1/99: Removed the verification of the drill down values, as these are the same values used in subsetting. Because the values for both these features come from the same catalog, it is necessary to only verify one. Formerly Test Case 3.2.05.2

VIEW.8.054 **Priority:** High **PC Field Name:** Provider County **Status:** Pass **IR#:** **Date Cmplt:** 4/10/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Provider View, Provider County dimension Panorama View Catalog Implementation	Provider County values will be consistent between the Panorama View Catalog feature in Panorama View.	View. Select the Provider County Implementation Guide and the subsetting same values used in subsetting. Because displayed values against the Panorama View Catalog Implementation Guide.	Verify the subsetting values for Provider County were consistent between the Guide and the subsetting feature in the product.	As expected, the values for Provider Folder VIEW.8.054	JMD 11/1/99: Removed the verification of the drill down values, as these are the Dimension of the database. Verify the the values for both these features come from the same catalog, it is necessary to only verify one. Formerly Test Case 3.2.05.3

VIEW.8.073 **Priority:** High **PC Field Name:** Eligibility/1 **Status:** Pass **IR#:** **Date Cmplt:** 4/10/00 **DataScan Scripts:** **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Product Functionality Validation - Identification of Managed Care Eligibles in the Catalog to be more clear.	The number of eligibles displayed by the Managed Care Eligibles measure will be the same as the number of eligibles displayed when subsetting on the Plan Model Types identified in the Panorama View Catalog Implementation Guide as Capitated.	In the Beneficiary View Eligibility Folder, select 'What is the trend in eligibility', change the time period to yearly, and print the Table View report. Next, in the same question, subset on the Plan Model Types listed as partially / fully capitated in the Catalog Implementation Guide. Print the report and compare the results to the previous one.	As expected, the number of eligibles displayed by the Managed Care Eligibles eligibles displayed when subset on the Panorama View Catalog Implementation Guide as partially / fully capitated (GMC, COHS, Two-Plan, PHP, PCCM, and Special Projects and LI). Both methods displayed 1,897,144 Managed Care Eligibles in the 1998 Fiscal Year.	Folder VIEW.8.073 and the Panorama View Catalog measure was the same as	4/10/00: M. Grima - updated actual results to include LI and new results. the number of Im 11/23/99: J. Dittman - updated the test-set Plan Model Types identified in the 8/10/98: J. Dittman - modified the wording in the Test Setup to be more general, referring to the capitated plans listed in the Catalog Implementation Guide instead of listing the values.

VIEW.8.074 **Priority:** High **PC Field Name:** **Status:** Pass **IR#:** **Date Cmplt:** 4/11/00 **DataScan Scripts:** **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Catalog Test - Local Service IR #1449 - JD - P5 - The new Code Usage in Catalog case.	The State-Specific Procedure Codes listed in the Panorama View Catalog Implementation Guide will be reflected in the corresponding Quality Question criteria in the Qualcrit.ini file. The look specifically for the Phase 5 changes. State-Specific codes will also reflect the changes for Phase 5 (add X5309 to Immunization-DT, add X7938 to Immunization-Hepatitis B, and delete X5320 from Immunization-MMR).	Verify that the State Specific Procedure Codes are being used correctly in the Quality Questions by comparing the Panorama View Catalog Implementation Guide with the Qualcrit.ini file. Verify that the State-Specific codes in IR #1449 were included (add X5309 to Immunization-DT, add X7938 to Immunization-Hepatitis B, and delete X5320 from Immunization-MMR).	As expected, all State-Specific Procedure Codes listed in the Panorama View Catalog Implementation Guide were found in the Qualcrit.ini file with the	Panorama View Catalog	Folder VIEW.8.072, the *** 11/3/99 - state-specific codes listed in this IR will Imple automatically be handled in this test Added documentation to have the tester corresponding Quality question criteria. All Phase 5 changes (IR 1449) were also verified. *** 7/7/99 - JD - P4: Removed reference to IR #1038 from the expected results, as this IR was tested and closed in Phase 3. The Ambulatory Sensitive Condition and Immunization Logic changes are now part of the PV master catalogs. *** 8/10/98 - JD - P3: Updated the test set-up to verify that the changes listed in IR #1038 (Minor Updates to Amb. Sensitive Conditions and Immunization Logic) were made. Formerly Test Case 3.2.12

VIEW.8.075 **Priority:** High **PC Field Name:** **Status:** Pass **IR#:** **Date Cmplt:** 4/11/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Catalog Test - FIPS code mapping for geographic displays	Counties display on the California map correctly.	Verify geographic display of state and counties. Choose a question that is answered by a geographic display of state and counties. Verify that the State map is correct. Select Table View to verify that counties are mapped to FIPS codes accurately, as provided in the Panorama View Catalog Implementation Guide.	As expected, all counties in California were mapped correctly based on the values in the Panorama View Catalog Implementation Guide.	Folder VIEW.8.055	Formerly Test Case 3.2.06

DataScan Product Testing - Panorama View

TB 5.3

VIEW.8.076 **Priority:** High **PC Field Name:** Eligibility/2 **Status:** Pass **IR#:** **Date Cmplt:** 4/12/00 **DataScan Scripts:** **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Pie Chart Folder VIEW.8.076 Threshold Setting in Catalog further explain the thresholds.	The PieSliceLabelThreshold setting in the Panorama.ini file will be set to '0' and the PieSliceMergeThreshold setting will be set to '3' on both the client and server.	*** 7/7/99: J. Dittman - added text to (which determines what %s will have labels) and PieSliceMerge (which determines the %s that will roll-up) Thresholds.	In the Panorama.ini file on the workstation, verify the setting for the PieSliceLabel '0' and the PieSliceMerge Threshold setting was set to '3' in the panorama.ini file on both the client and server.		As expected, the PieSliceLabelThreshold setting in the Panorama.ini file was set to *** 11/23/98: IR #786 J. Dittman - Modified the test set-up and expected results in TB 3.3 to reflect the new settings: PieSliceLabelThreshold=0 and PieSliceMergeThreshold=3. *** 10/15/98: J. Dittman - updated the test case to review the panorama.ini setting instead of searching the product for an example to verify the change. *** 8/19/98 - IR #786 - J. Dittman - created test case to verify the increase in the % display threshold on pie charts from 2 to 3.

VIEW.8.077 **Priority:** High **PC Field Name:** **Status:** Pass **IR#:** **Date Cmplt:** 4/12/00 **DataScan Scripts:** **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Customized Attributes	Attributes of Age/Gender and Network/Language will be used during the build process to reduce the overall size of the MDDB.	Verify that the new combined dimensions document for: MDDBCombinedDims=MCAL_AGE_GRP,SEX_CD;NETWORK,LANGUAGE	were added correctly to the panbuild.ini override in the build catalog. Search the size of the MDDB.	As expected, the attributes of Age/Gender and Network/Language were used during the build process to reduce the overall size of the MDDB.	Folder VIEW.8.077 *** 9/28/98 - C. Swanson - added "MDDBCombinedDims = MCAL_AGE_GRP, SEX_CD ;NETWORK, LANGUAGE" to test setup to simplify the search of the panorama.ini override file (Panbuild.ini). Changed 'Ethnicity/Language' to 'Network/Language' in the Expected Results to correspond to the correct dimensions. *** 8/19/98 - IR #910 - J. Dittman - created test case to verify the second attribute added for Phase 3, Language / Ethnicity.

DataScan Product Testing - Panorama View

TB 5.3

VIEW.8.078 **Priority:** High **PC Field Name:** Catalog Date **Status:** Pass **IR#:** **Date Cmplt:** 4/11/00 **DataScan Scripts:** **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Catalog Date Range Set-Up	- The 27-month window will match that of the input data minus the claims lag (3-months) - The Yearly time period(s) will reflect the Fiscal Year(s) July through June. - The Year-to-Date time period will reflect July through the last month of the database, for two years. - The Rolling Year will reflect the first month of the database to the last month of the input data window minus 6 months (claims lag for quality) for 2 years.	Expenditures, Eligibility, or Utilization Tab to verify the 27-month, Fiscal, and under the Quality Tab to verify the Rolling Years.	Select the Time Period icon in either the - The 27-Month window (2/97 - 4/99) matched the input data (2/97 - 7/99) minus Year-to-Date ranges. View a question - The Yearly time periods matched the Fiscal Year 1998 (Jul-Jun) - The Year-to-Date time period reflected July through the last month of the database (April), for two years. - The Rolling Year reflected the first month of the database (February) to the last month of the input data window minus 6 months (claims lag for Quality) (January) for 2 years.	As expected,	Folder VIEW.8.078 created test case *** 8/19/98 - J. Dittman - to verify the date ranges specified in the catalog, as these may change for each the 3-month claims lag. build / update.

VIEW.8.080 **Priority:** High **PC Field Name:** Intro Screens **Status:** Pass **IR#:** 1815 **Date Cmplt:** 4/27/00 **DataScan Scripts:** Panorama View Catalog Implementation Guide **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Customized Screens - Explanation of Payment Measures for v2.0 that describe the completion	The text will display correctly on the Introduction Screens of all folders as requested in the Panorama View Catalog Implementation Guide.	Select the Introduction text in each of the following folders to verify the customized Quality, Provider Access, and Provider Expenditures.	As expected. The text displayed correctly on the Introduction Screens of all folders text: Expenditures, Eligibility, Utilization, Catalog Implementation Guide.		Folder VIEW.8.080 6/24/99: IR #1401 - J. Dittman - updated test case to reflect the new text changes as requested in the Panorama View factors. Also removed the word 'incurred'. 3/2/99: IR #1041 - J. Dittman - updated test case to reflect text changes for the Incurred View of PV v2.0. 12/10/98: IR #846 J. Dittman - created test case to address the Paid Date basis of Panorama View. The State requested customized text on the Intro Screens.

VIEW.8.084 **Priority:** High **PC Field Name:** **Status:** Pass **IR#:** 1806 **Date Cmplt:** 4/12/00 **DataScan Scripts:** **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Customization - Confidential Capitation Payments	Medical and Dental Capitation Payments for the GMC and COHS plans will display as 'Elig N/A-GMC/COHS Cap $' when arrayed by Aid Category. Category one.	In the Expenditures Folder, select 'What is the trend in total expenditures', change the time period to Year-to-Date, and the measure to Medical Capitation Payments. Subset on Plan Model Type = GMC and COHS. Drill down on the most recent Year-to-Date and drag over the Aid Category Roll-Up dimension. Verify that all payments display in the expected description and print the resultant report. Change the measure to Dental Capitation	(Medical and Dental) for the GMC and COHS plans displayed as 'Elig Aid Category.	As expected, all Capitation Payments	Folder VIEW.8.084 12/15/99: J. Dittman - updated the test set-up to drag over the Aid Category Roll-Up dimension, instead of the Aid N/A-GMC/COHS Cap $' when arrayed by 11/3/99: IR #1417 - J. Dittman - created test case to verify the Phase 5 rename of the GMC/COHS Capitation $ label.

Payments and retest.

DataScan Product Testing - Panorama View

TB 5.3

VIEW.8.085 **Priority:** High **PC Field Name:** **Status:** Pass **IR#:** 1806 **Date Cmplt:** 4/10/00 **DataScan Scripts:** **Tester:** mg

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Dimension Values in Catalogs - Beneficiary View, Category of Service Virtual Dimension	Category of Service values will be consistent between the Panorama View Catalog Implementation Guide and the change measure feature in Panorama View. Note: in Phase 5, both Medical Capitation Pmts and Dental Capitation Pmts will display as categories of service.	Verify the change measure values for Category of Service in the Beneficiary View. Select Category of Service in the Change Measure box of the database. Verify the displayed values against the Panorama View Catalog Implementation Guide.	All the Category of Service values were consistent between the Panorama View Catalog Implementation Guide and the change measure feature in Panorama View.	Folder VIEW.8.085	11/3/99 - J. Dittman - IR #1317 - created test case to verify the category of service values displayed in the product to the Catalog Implementation Guide. Note: Medical Capitation Pmts and Dental Capitation Pmts should display for Phase 5.

VIEW.9.005 **Priority:** High **PC Field Name:** Eligiibles/1 **Status:** Pass **IR#:** **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** Panorama View Report DataScan (produced by SPUFI VIEW9005) **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View to DataScan Data Integration Validation - Eligibles by Month	Totals will be consistent between the two applications.	Run a report in both Panorama View and DataScan displaying the Total # of Eligibles by Month (both All and Certified).	As expected, all totals were consistent between the two applications for the 27 month Database window (6/97 - 8/99).	Folder VIEW.9.005	8/10/98: J. Dittman - updated the Supporting Documentation and Product Script/Reports information to reflect the new type 9 test case - data integration. ***8/4/98: J. Mulcahy - Transferred to new test type that reflects primary purpose of test previously type 1 (Balancing) test # VIEW.1.012. Formerly Test Case 4.2.01.01

VIEW.9.008 **Priority:** High **PC Field Name:** Eligibles/2 **Status:** Pass **IR#:** **Date Cmplt:** 4/23/00 **DataScan Scripts:** Panorama View Report DataScan Report (produced by SPUFI VIEW9008) **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View to DataScan Data Integration Validation - Eligibles/Aid Category/Fiscal Year	Totals will be consistent between the two applications.	Run a report in both Panorama View and DataScan displaying the Total # of Certified Eligibles by Aid Category for the most recent Fiscal Year.	Produced reports for the Fiscal Year of 7/98 - 6/99 in both applications and as expected, the number of certified eligibles in all Aid Categories was consistent between the two systems. The average number of eligibles for this period was 5,010,338.	Folder VIEW.9.008	8/10/98: J. Dittman - updated the Supporting Documentation and Product Script/Reports information to reflect the new type 9 test case - data integration. ***8/4/98: J. Mulcahy - Transferred to new test type that reflects primary purpose of test previously type 1 (Balancing) test # VIEW.1.015. Formerly Test Case 4.2.01.04

DataScan Product Testing - Panorama View

TB 5.3

VIEW.9.009 **Priority:** High **PC Field Name:** Eligibles/3 **Status:** Pass **IR#:** **Date Cmplt:** 4/24/00 **DataScan Scripts:** Panorama View Report; DataScan Report (produced by SPUFI VIEW9009) **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View to DataScan updated the Test Data Integration Validation - All Eligibles/County/Year-to-Date	Totals will be consistent between the two applications.	Run a report in both Panorama View and DataScan displaying the Total # of All Eligibles by County for the most recent Year-to-Date.	As expected, the number of All eligibles by county was consistent between the two applications for 7/99 - 8/99. The average number of eligibles for this time period was 5,259,437.		Folder VIEW.9.009 12/7/98: J. Dittman - Setup to match the Test Description so that both places referred to the Year-to-Date Time Period. 8/10/98: J. Dittman - updated the Supporting Documentation and Product Script/Reports information to reflect the new type 9 test case - data integration. ***8/4/98: J. Mulcahy - Transferred to new test type that reflects primary purpose of test previously type 1 (Balancing) test # VIEW.1.016. Formerly Test Case 4.2.01.05 ***9/12/98: Changed to "All" Eligibles instead of "certified" eligibles.

VIEW.9.022 **Priority:** High **PC Field Name:** **Status:** Pass **IR#:** 1806 **Date Cmplt:** 4/ 4/00 **DataScan Scripts:** VIEW9022 **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Data Integration Validation - Capitation Payments by Date of Service	The totals for Capitation Payments will be consistent between the two applications by date of service. Expect a small difference due to rounding.	Changed test set-up to select both the Medical and Dental Capitation Payments. and Dental) and switch to Table View. Print the report and compare it to the one created by selecting 'What is the trend in provider expenditures' with a subset of Provider Type = Capitation. Run SPUFI VIEW9022 to get the DataScan results for the time period.	In the 'What is the trend in expenditures' question, change the measure to Capitation Payments (select both Medical Panorama View ($5,653,592,965) and	As expected, the Capitation Payments were consistent (with only an $98 difference due to rounding) between DataScan ($5,653,593,063).	12/14/99: J. Dittman - IR #1317 - Folder VIEW.9.022 3/2/99: J. Dittman - IR #1041 - Created test case.

VIEW.9.023 **Priority:** High **PC Field Name:** N/A **Status:** Pass **IR#:** **Date Cmplt:** 4/27/00 **DataScan Scripts:** DataScan Report **Tester:** CS

Description	Expected Result	Test Setup	Actual Result	Supporting Rpts	Notes
Panorama View Data Integration Validation -	The total count of recipients in Panorama View will be equal to the total unique EMPIDs in DataScan for the same time period.	the total recipients for the last month in the 27 month window displayed. Run a similar report in DataScan counting the unique EMPIDs for the same time period.	Run a report in Panorama View displaying 1,817,918 recipients verses 1,817,913, DataScan's unique count of EMPIDs. The difference of 5 can be attributed to PV recipient fractioning based on eligibility demographics.		4/27/00 CS - created test case As expected. Panorama View showed